A STUDY TO ASSESS THE EFFECTIVENESS OF COPING STRATEGIES ON STRESS AND COPING AMONG THE CAREGIVERS OF ALCOHOL DEPENDENTS AT SELECTED DE-ADDICTION CENTRES, THANJAVUR.

BY

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A DISSERTATION SUBMITTED TO THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY, CHENNAI-32

IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF DEGREE OF MASTER OF SCIENCE IN NURSING

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SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF SCIENCE IN NURSING FROM THE TAMILNADU DR.M.G.R MEDICAL UNIVERSITY, CHENNAI.

OCTOBER -2015

CERTIFICATE

CERTIFIED THAT THIS IS THE BONAFIDE WORK OF

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AT OUR LADY OF HEALTH COLLEGE OF NURSING,

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EXAMINERS:

1. ----------

2. ----------

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DECLARATION

I hereby declare that this dissertation entitled "**A STUDY TO ASSESS THE EFFECTIVENESS OF COPING STRATEGIES ON STRESS AND COPING AMONG THE CAREGIVERS OF ALCOHOL DEPENDENTS AT SELECTED DE-ADDICTION CENTRES, THANJAVUR** has been prepared by me under the guidance and direct supervision of Prof. Mrs**. Vanitha Innocent Rani**, M.Sc(N), Ph.D., Professor cum Principal, and the Department Guide Mrs.**Saranya M.Sc**(N),HOD of Mental Health Nursing Our Lady Of Health College Of Nursing, Thanjavur, as requirement for partial fulfillment of MASTER OF SCIENCE IN NURSING Course under THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI-32.

I hereby declare that this dissertation had not been found in anyway, the basis for the award of any degree/diploma in this university or any other university.

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8.	Soft Copy of the Study

LIST OF ABBREVIATIONS

SHORT FORMS	ABBREVIATIONS
FIG	Figure
H1	Research Hypothesis
M.Sc (N)	Master Of Science in Nursing
No	Number
N	Number of samples
F	Frequency
%	Percentage
SD	Standard deviation
χ^2	Chi-square

HOD	Head of the Department
SAMHSA	Substance Abuse & Mental Health Services Administration,

ABSTRACT

A quasi experimental study focused on effectiveness of coping strategies on stress and coping among the care givers of alcohol dependents at selected de-addiction Centres, Thanjavur. Non-equivalent control group pretest –post test design was carried out among 80 caregivers. The samples were selected by using Non probability purposive sampling technique and Semi Structured Rating Scales was used to collect the data. The statistical analysis revealed that, the calculated 't' test value for stress ('t'=22.96) and coping ('t'=26.60) had a significant difference between the pre and post test levels of stress and coping among the care givers of alcohol dependents at 0.05 level of significance. The correlation between the post test scores of stress and coping 'r' value (r= -0.7) for both groups. It revealed that there was a negative and significant correlation between the stress and coping among the caregivers of alcohol dependents in both experimental and control groups. In chi square there was significant association in the pre test levels of stress with age of caregiver and

relationship to alcohol dependents and there was significant association with number of relapse after treatment towards pre test levels of coping. Hence the coping Strategies was significantly effective in improving the coping and reduction of stress among the caregivers of alcohol dependents.

CHAPTER -I

INTRODUCTION

CHAPTER -I

INTRODUCTION

"First the man takes the drink,

Then the drink takes the drink,

Then the drink takes the man"

–Japanese proverb.

BACKGROUND OF THE STUDY

How true! Once man starts to drink, there is no end and then drink not only takes the man but it also takes the entire family along.

Alcohol is hard to avoid now a days. It has become a part of modern life. Alcohol can be very destructive for lot of people, most especially the people who suffer and their family also suffers with the alcoholic dependents.

Alcoholism and drug addiction affects the whole family - young, teenage, or grown-up children, wives or husbands, brothers or sisters, parents or other relatives and friends. If one family member addicted to alcohol, the whole family suffers. Addiction is a family disease that stresses the family to the breaking point, impacts the stability of the home, the family's unity, mental health, physical health, finances, and overall family dynamics.

Johnson, et al, 2003, National Institute on Drug abuse about 81% of people in the United States age 12 and older have used alcohol sometime in their lives Among 8th graders 50% have had at least one drink of alcohol, 20% report had been drunk, 17% described their alcohol use as "heavy", 41% had smoked cigarettes and 20% used marijuana. Among 12th graders 50% had consumed

alcohol in the past 30 days, 30% reported drinking on tour or more on occasions during the past month and about 6% reported heavy alcohol consumption.

Even though alcohol dependents are the victims of the alcohol, but the major victims were their family members of the alcohol dependents. With the increasing dependency of the alcohol, all the family members develop increasing co-dependency towards the alcohol dependents.

Lazarus (1966) Stress as defined by is the disruption of meaning, emotional stability, physical balance or smooth functioning in a person's life, resulting in threats, loss or challenge. People respond to stress in a variety of ways. Depending on the type, intensity or duration of particular stressors, as well as the personal and psycho-social resources of the individual, stressful situations may have adverse effect on health.

Coping resources are options or strategies that help to determine what can be done as well as what is at stake. Coping resources include economic assets, abilities and skills defensive techniques, social supports and motivation. Coping mechanisms are any efforts directed at stress management.

Berger, 1993 Very often the spouse has to perform the roles of both parents. Family responsibilities shift from two parents to one parent. Members of alcohol dependent's families very often become codependent. "**Co dependency is an unconscious addiction to another person's abnormal behavior" (Wekesser, 1994, p.168**). Codependent members often forget about their own needs and desires. They devote their lives to attempt to control or cure the drinker.

.

NEED FOR THE STUDY

"More men are drowned in a glass than in the sea".

Freedman, Kaplan and Kaplan, 1967

Alcoholism is the third leading psychiatric problem in the world today as well as it is a major health and social problem all over the world. The problem of excessive alcohol consumption is a major cause of public health concern both in urban and rural areas. .Addiction is a family problem and is a major source of stress for family members. Family disruption related to alcoholism is a serious, complex and pervasive social problem. Alcohol is linked to violence, disrupted family roles, and impaired family communication and partly to physical and psychological illness.

At present health professionals attention is mainly focused towards the alcohol dependents where the actual sufferers are their family members. The caregivers of alcohol dependents use various adaptive and maladaptive coping behaviors to restore the equilibrium and to relieve stress.

WHO (1998-2012) statistics on alcohol abuse and alcoholism about 140 million people throughout the world suffer from alcohol related disorders. Currently, three million Americans over the age of 60 are alcohol dependent. In the US 66% of the population consumes alcohol. Almost 4.8 million men and 3.9 million women abuse alcohol[4.] .The second national family survey results indicate that among the Indian population, 17% of men and 2% of women are consuming alcohol.

Murray & Lopez 1996 a, 1996 b. (**The study on Global burden of diseases)** identified alcohol use as one of the global risk factor, accounting for 1.5% of all deaths in the world and 3.5% of disability adjusted life years and 4.0% of the global burden of diseases (as cited in **Jurgen Rehm** et. al 2004). Addiction is a family problem and is a major source of stress for family members.

Family disruption related to alcoholism is a serious, complex and pervasive social problem. The consequences of alcoholism all too often result in static, disorganized and dysfunctional families (**Frisch & Frisch, 2002**). Families of alcohol dependents, experience guilt, shame, resentment, insecurity, delinquency, financial problems, isolation, fear and violence (**Stuart & Larcia-2005**)

USA stated that Alcohol dependent families demonstrated poorer problem solving abilities than non- alcohol dependent families both among the parents and within the family as a whole. These poor communication and problem solving skills may be a mechanism through which lack of cohesion and increased conflict develop and escalate in alcohol dependent families (**SAMHSA's** national clearing house for drug & alcohol information, 2000-2003)

Sathyanarayana Rao & Kuruvilla (1992) found that discord, avoidance, indulgence and fearful withdrawal were the commonest coping behavior and marital breakdown, taking special action, and assertion and sexual withdrawal were least coping behaviors. The wife of an alcohol dependents, who enters the marital life, may experience psychological problems **(Jaya Rama, 1998)** due to her life with the alcohol dependent husband. She may go through a variety of stressful experiences and emotional responses like feelings of guilt and anger in turn towards her children, friends, society and finally towards the entire world at last.

Mumbai: In an alarming revelation, the **Global Status report on alcohol and health 2014**, released by the **World Health Organization (WHO)** stated that the amount of alcohol consumption has risen in India between the periods of 2008 to 2012. According to the report, around 30% of the total population of India consumed alcohol in the year 2010. 93% of alcohol was consumed in the form of spirits, followed by beer with 7% and less than 1% of the population consumed wine. The per capita consumption of alcohol in the country increased from 1.6 liters from the period of 2003-2005, to 2.2 liters from the period of 2010-2012. Kerala led the states in terms of alcohol consumption. An average individual over the age of 15 consumed over 8 liters of alcohol per annum in the South Indian state followed by Maharashtra and Punjab. It was also revealed that over 11% of the population in India indulged in heavy or binge-drinking. The global figure stood at 16% on the 'Years of Life Lost' scale, which is based on alcohol-attributable years of life lost, India has been rated 4 on a scale of 1 to 5. This implied that the alcohol consuming population of our country loses most years of their life because of drinking and its consequences.

In order to design the interventions to help these families to cope with the stress, nurses need to learn, more about their experience and coping strategies. Therefore guidance on how to handle stress by use of various coping strategies is important. Hence the researcher felt that the caregivers of alcohol dependents must be empowered by teaching how to handle stress and cope up with the situation by the use of coping strategies. This study will help the community health nurses, and psychiatric nurses to identify, various coping strategies adopted by caregivers of alcohol dependents to help them to strengthen the healthy adaptive coping strategies.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of Coping Strategies on stress and coping among the caregivers of alcohol dependents at selected De-addiction Centres, Thanjavur.

OBJECTIVES OF THE STUDY

- To assess the pre and post test levels of stress and coping among the caregivers of alcohol dependents in both experimental and control groups.
- To determine the effectiveness of coping strategies on stress and coping among the caregivers of alcohol dependents in both experimental and control groups.
- To compare the levels of stress and coping among the caregivers of alcohol dependents between the experimental and control groups.
- To correlate the post-test scores of stress and coping among the caregivers of alcohol dependents in both experimental and control groups.
- To determine the association between the pretest levels of stress and coping among the caregivers of alcohol dependents with their selected demographic variables in both experimental and control groups.

HYPOTHESIS

All the hypothesis were tested at 0.05 level of significance.

- H1-There will be a significant difference between the pre and post test levels of stress and coping among the caregivers of alcohol dependents in both experimental and control groups.
- H2-There will be a significant difference between the experimental and control group levels of stress and coping among the caregivers of alcohol dependents.

- H3-There will be a significant correlation between the post test scores of stress and coping among the caregivers of alcohol dependents in both experimental and control groups.
- H4-There will be a significant association between the pre test levels of stress and coping among the caregivers of alcohol dependents with their selected demographic variables.

OPERATIONAL DEFINITIONS

EFFECTIVENESS

- In this study, it refers to the improvement of caregivers ability by reduce the stress level and increase coping level, after the administration of coping strategies.

COPING STRATEGIES

- In this study, it refers to the measures which will be used to reduce the stress and to increase the coping of the caregivers of alcohol dependents**.**

STRESS

- In this study, it refers to the emotional strain experienced by the caregivers of the alcohol dependents which will be measured by using semi structured rating scales

COPING

- In this study, it refers to the ability of the caregivers of alcohol dependents to manage the stress, which will be measured by using semi structured rating scales.

CAREGIVERS OF ALCOHOL DEPENDENTS

- In this study, it refers to the persons who provide care to the alcohol dependents in the de-addiction Centre**.**

DE-ADDICTION CENTRE

- In this study, it refers to a centre where the alcohol dependents are admitted for treatment and rehabilitation.

ASSUMPTIONS

- The caregivers of alcohol dependents may have more stress and less coping ability.
- Coping strategies may help the caregivers of alcohol dependents to develop their Coping skills.

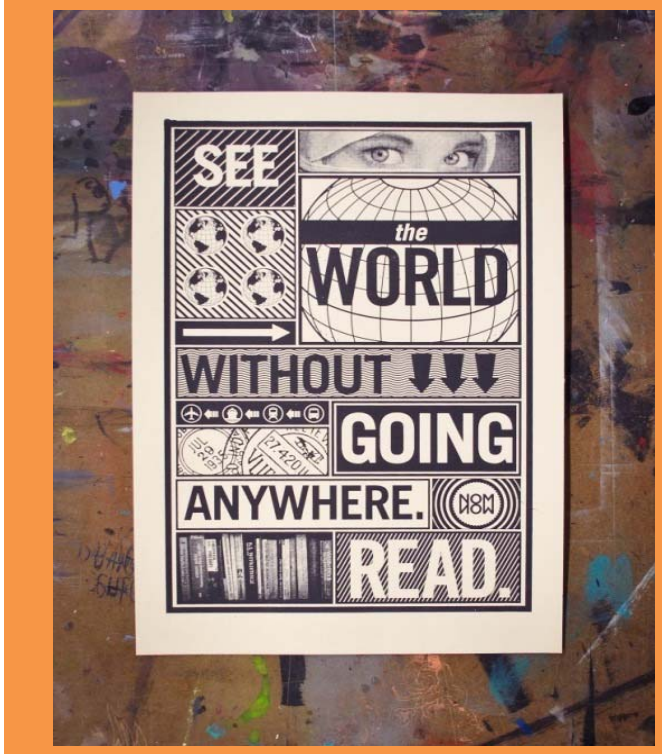
DELIMITATIONS

- This study will be limited to the caregivers of alcohol dependents in the selected De-addiction Centres.
- The data collection period will be limited to 6 weeks.

PROJECTED OUTCOME

- This study helps the caregivers of alcohol dependents to acquire and improve their coping skills to overcome the stress.
- Coping strategies on stress and coping will help the caregivers to take care of the alcohol dependents.

CHAPTER- II



REVIEW OF LITERATURE

CHAPTER -II

REVIEW OF LITERATURE

This chapter consists of two parts.

PART I: Review of Literature

PART II: Conceptual Frame Work

Review of Literature

Review of literature is an essential component of the research process. Review of literature is a practical examination of publication related to the topic of interest. The Review of literature helps to plan and conduct the study in a systematic and scientific manner.

Mr. Dewarmika Ariya Singhe (2015) has done a cross-sectional study on Prevalence of Major Depressive Disorder among Spouses of Men Who Use Alcohol in Central Sri Lanka. Men were assessed using Alcohol Use Disorders Identification Test (AUDIT) questionnaire. Depression among the women assessed with Structured Clinical Interview. The prevalence of depressive disorder among spouses of men who use alcohol is markedly higher.

Mrs. Reena George and Dr. S. Raju (2015) were done a study about perceived stress, ways of coping and care giving burden among family caregivers of schizophrenia. In this study most of the caregiver experienced severe stress and low level of coping.

Mr. Amol Desai, Mahadeo Shinde, And Vaishali (2014) revealed that the estimated numbers of alcohol users were 62.5 million with 17.4% of them (10.6 million) being dependent users and 20-30% of hospital admission are due to alcohol related problems. In this pre experimental study 120 care givers selected as samples by convenient sampling technique. 13.3% had good knowledge, 68.3% had average knowledge and need to improve awareness.

Mr. Darpen Kaur, Shaunake Ajinkya., (2014) done a study about psychological impact of adult alcoholism on spouses and children. The finding of this study was chronic alcoholism can have an adverse psychological impact on the family involved in care giving and coping among the family members.

Mr.Lakshmana Govindappa., B.Pankajakshi (2014) has done a community study on violence among the wives of alcohol dependents. 50 samples were assessed with semi structured questionnaire. The result of this study was 85% of wives of alcohol dependents had violence history.

M.Manosha Thanka (2014) was done a study to evaluate the effectiveness of aerobic exercises on stress among alcohol dependents in selected de-addiction Centre in Thirunelveli, Tamil Nadu. The quasi experimental study and sample size was 60. Stress level was assessed by Stress Questionnaire. In experimental group the mean score on level of stress in alcohol dependents *was* 27.93 in pre test and 19.4 in post test. Thus the result of the study showed that stress in alcohol dependents had been reduced through aerobic exercises.

Nisha S Naik, (2014) done a descriptive study to assess the stress level among wives of alcohol dependents at Pune, 100 wives of alcohol dependents were selected by non-probability purposive sampling technique and assessed with self structured questionnaire. 88% of wives of alcohol dependents had severe stress, 10% had moderate stress and 2% of them only had low level of stress.

Mr.Paul.P.K Gnanaprakasam (2014) was done a pilot study on depression symptoms among the care givers of patients with mental

disorders. 30 samples were assessed with Hamilton depression rating scale. 95% of them had severe depressive symptoms

Dr.Pratibha Gehlawat et.al (2014) was done a descriptive study on family burden in substance use disorders at Rahtak, with 50 samples. Specially designed Proforma was used to assess the family burden. 80% of caregivers of alcohol and other substance abusers had severe stress associated with financial issues and disruption of family routine.

Dr.S.Prescila Sharon (2014) was done a comparative study about perceived quality of life among the wives of alcohol dependents and non-alcohol dependents, at Pune. Total 140 samples assessed with self prepared questionnaire and perceived quality of life scale prepared by Donald. et.al (1988), this study reports are.76.6% of women had generated problem with neighbors, 79.3% with relatives, 68.7% with working place,88% of wives of alcohol dependents reported that they have low level of quality of life.

Savitha, Sulekha et.al (2014) were done a descriptive study to assess the stress level among the spouses of alcohol dependents at Dehradun. 50 spouses of alcoholics were selected by non-probability sampling technique and self structured questionnaire was used to assess the stress level. The majority of spouses of alcohol dependents had severe stress.

Mr. Alok Tyagi (2013) has done a study on correlation between alcohol consumption in husbands and Suicidal ideation in their wives. Total 30 samples of wives of alcoholics selected by non probability purposive sampling technique assessed with self prepared questionnaire. There was a positive correlation between alcohol

consumption and depressive symptoms and suicidal ideation in wives of alcohol dependents.

Devi. E.et.al. (2013) conducted a study to assess the level of stress and coping strategies among the wives of alcohol dependents. The study design was descriptive correlation design, 70 wives of alcohol dependents were selected, based on non probability convenient sampling technique, the data was collected by using perceived stress scale and coping scale to assess coping strategies, The study finding revealed that majority 30(42.86%) had moderate stress, 30(42.86%) had average coping. There was a positive correlation between the level of stress and coping strategies among the wives of alcohol dependents, r=0.312 showed that there was a high statistical significant at p <0.01 level. The study concluded that there was a positive correlation between the stress and coping strategies among the wives of alcohol dependents.

Mr. Dinesh Selvam et.al (2013) has done a study to assess the effectiveness of community based nursing intervention strategies on level of alcohol dependence and quality of life among alcohol dependents. The sample size was 30. The overall mean difference score of level of alcohol dependence and quality of life as significant. It shows the effectiveness of this study.

Mr.Hoertel et.al. (2013) was done a descriptive study to assess the caregivers burden with alcohol dependents at France with 1018 participants of French adult population. The burden level was assessed with Zarit burden scale. The association between the individuals' alcohol intake and the level of burden for natural caregivers was mainly influenced by social, behavioral and medical

consequences of alcohol consumption and by the physical and affective proximity between them.

Mr.M. Kishore.,Lakshmi et.al (2013) has done a study to assess the psychiatric morbidity and marital satisfactions of spouses of alcohol dependents. Marital satisfaction was assessed using the marital satisfaction scale with 60 samples. Severity of alcohol dependence in the husbands and consequences of drinking was assessed using short alcohol dependence data and drinkers inventory of consequences respectively. 65% of spouses had psychiatric disorder (mood and anxiety related disorder). 43% of spouses had low marital satisfaction.

Mr.Nanjunda swamy et.al (2013), an exploratory descriptive study to assess the stress, coping styles and domestic violence of wives of alcohol dependents at NIMHANS, Bangalore, India. The researcher used a personal interview questions from perceived stress scale and coping with drinking questionnaire. The total samples were 75 wives of alcohol dependents. In that 90% of women had domestic violence and 69% of women had severe level of stress and low coping.

Dr.K.Partha sarathy (2013) was done a descriptive study about psycho social problems of the wives of alcohol dependents, at Trichy. The researcher assessed the self esteem, quality of life and family adjustment with structured interview schedule method with 110 wives of alcohol dependents. 51.8% wives had high level of self-esteem, 43.6% had low quality of life. 81.8% of wives had self adjustment.

Mr.Surendra kumar Mattoo et.al (2012*)* was done a cross-sectional study about family burden with substance dependence, at

Chandigarh. 120 family caregivers of alcohol dependence and opioid dependence were assessed with family burden interview schedule. 95-100% had severe family burden associated with financial burden (low income and rural location).

Mrs. Swapna. B. (2012) was done a cross-sectional study to assess and compare the burden on caregivers of alcohol dependents and bipolar affective disorders. Total samples were 200. Care givers are assessed with burden assessment schedule. This study revealed that care givers of alcohol dependents had severe stress than caregivers of bipolar affective disorder.

Ms. Jothimani , Dr. Nagarajah and Dr. Dhanasekara P. (2011*)* done a study to assess the level of coping among the wives of alcohol dependents. 30 Samples were selected by Purposive sampling technique. The finding of this study was the maximum of 80% of wives of alcohol dependents had poor level of coping.

Ms. Saratha mani, (2011) was done a pre experimental study to assess the effectiveness of psycho educational package on stress and coping among the wives of alcohol dependents at selected de-addiction centre, Karnataka. 60 wives of alcohol dependents were selected by Purposive sampling technique. Stress and coping scale was used. 63.3% of the wives of alcohol dependents had severe stress, where as 36.7% had moderate stress in pre test. In post test, high Percentage 90% of the wives of alcoholics had moderate stress, where as 10% had mild stress and the level of coping in pre test showed that 96.7% of the wives of alcoholics had average level of coping and 3.3% had poor level of coping. The level of coping in post test showed that 86.7% of the wives of alcohol dependents had good level of coping and 10% had average level of coping and 3.3%

had very good level of coping. There was a significant negative correlation between stress and coping of wives of alcohol dependents.

Choi,Y.K (2010) The descriptive study was conducted to examine the effects of music, progressive muscle relaxation (PMR), and music combined with progressive muscle relaxation on the reduction of anxiety, fatigue, and improvement of quality of life in family hospice caregivers at university of Kansas in USA. Sample size was 32 .The duration of study was 2 weeks. Results showed that a significant correlation between anxiety and quality of life, anxiety and fatigue, fatigue and quality of life.

Hu,J (2010) A descriptive study was done to examine the effectiveness of a stress relief initiative for primary care givers of adolescents with intellectual disability (ID) at Taiwan. 77 primary caregivers were selected the study, which involved participation in one stress management workshop and reading an education booklet on stress management. They found that 22.1% of caregivers in the study were at high risk of depressive stress and in need of mental health consultation.

R.Johnson pradeep (2010) has done a study of severity of alcoholism in Indian males, correlation with onset of age and family history of alcoholism done from Karnataka, India. Alcohol use detection inventory test, severity of alcohol dependence questionnaire, schedule for clinical assessment in neuropsychiatry, and family interview for genetic studies were administered. Family history density was computed. Family history density and severity of alcoholism were positively correlated. Age of onset of initiation had a significant negative correlation with severity

Mr.P.S Manohar and R. Kannappan et.al (2010) has done retrospective study on domestic violence and suicidal risk in the wives of alcohol dependents and non-alcohol dependents at Salem. 32 samples selected from wives of alcoholics and 32 from wives of non-alcoholics and assessed with psychological scale. The wives of alcoholics had significantly more domestic violence in physical and psychological aspects and more suicide risk than the wives of non-alcohol dependents who came for treatment to the hospital..

Rashmi Gupta (2010) study explores the influences of selected social and psychological factors that are associated with perceived caregiver stress among 263 primary caregivers of the elderly in Allahabad City in Northern India. The results indicate that although male caregivers' perceived stress depends only on the size of the role overload, female caregiver's perceived stress depends on the interrelationship between the size of the role overload and adherence to Asian cultural norms.

Rosependa K.M. (2010) mail survey was conducted using a representative sample of 998 employed Chicago residents who provided informal care for at least one person. Ordinary least squares regression models were computed to examine the relationship between caregiver burden and drinking outcomes. Results suggest that caregivers who experience social and emotional burdens related to care giving are at risk for problematic alcohol use and warrant attention from health care and mental health service professionals.

Torres. S.J (2010) comparative study conducted in Australia to investigate the relationship between depression, nutritional risk and dietary intake in a population of older caregivers. Mailed questionnaire in a home based interview was used. 76 community

dwelling caregivers aged 50 years or over from Victoria, Australia. Results shows that caregivers with depressive symptoms (32%) compared to those with no depressive symptoms (53%) had a poorer appetite ($p < 0.05$). Of the 20 caregivers who participated, 25% reported they ate their meals alone.

S. Revathi (2009) done a descriptive study to assess the coping level of wives of alcoholics at Kerala. Pre experimental research design was used and samples were selected from purposive sampling technique. 83.5% of wives of alcoholics were use planed problem solving coping, 82.5% use escaping and avoidance , 74.5% use accepting responsibility 72% use self controlling and 68.5% use seeking social support.

PART II

CONCEPTUAL FRAMEWORK

. A conceptual framework is used in research to outline possible course of action or to present a preferred approach to an idea or thought. The conceptual framework for this study was the Roy's adaptation Model.

This theory presents the person as a holistic adaptive system in constant interaction with the internal and external environment. The main task of the system is to maintain integrity in the face of environmental stimuli. (**Phillips-2010)** The goal of nursing is to foster successful adaptation. The investigator felt that Roy's adaptation theory provides an appropriate theoretical basis for the study of effectiveness of coping strategies on stress and coping among the caregivers of alcohol dependents.

Input stimuli may be,

Focal - Care giver's stress because of alcohol dependents.

Contextual - Admission of alcohol dependents in the De-addiction centre.

Residual - This mentions the financial and other problems faced by the caregiver.

Control process starts to function through regulator and Cognator subsystems. The regulator subsystem of caregiver of alcohol dependents were altered by alteration in physiological function. Cognator subsystem responds through emotions.

Effectors make the person to develop self concept and to meet the psychological social and spiritual needs. So the person starts **intervention** through interdependence and offer love respect and commitment. The intervention provided to the caregivers in the form of coping strategies.

Adaptation: goal of nursing

Person: caregiver of alcohol dependents.

Environment: Alcohol De-Addiction Centre

Health: Outcome of adaptation.

Nursing: Promoting adaptation and health. Care givers deep breathing, meditation and Jacobson's muscular relaxation exercises were taught to practice regularly. Regarding regular diet, sleep, walking, spiritual and social support classes were taken to follow.

The realities identified in the study are:

With a goal to improve the coping skills and reduce the stress of caregivers of alcohol dependents, the investigator as an agent conducted a study to assess the effectiveness of coping strategies among the caregiver of alcohol dependents.

CONCEPTUAL FRAMEWORK

ROY'S ADAPTATION MODEL

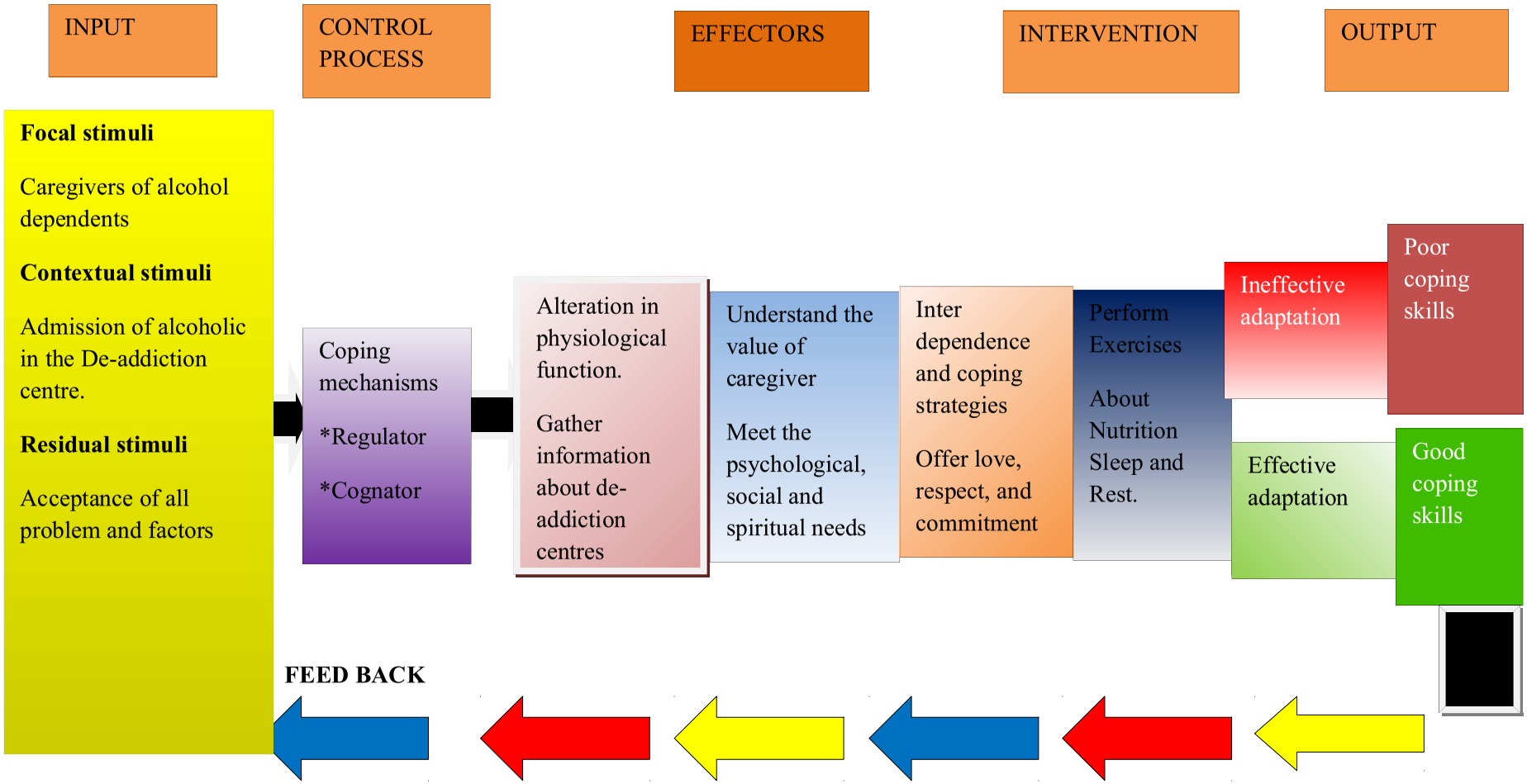


Figure 2.1 Conceptual Framework based on Roy's Adaptation Model to evaluate the effectiveness of coping Strategies.

CHAPTER- III

RESEAR

CH METHODOLOGY

CHAPTER-III

RESEARCH METHODOLOGY

Research methodology is the science of studying how research is done scientifically. Methodology of research indicates the general pattern for organizing the procedure to assemble efficacious and dependable data.

RESEARCH APPROACH

The research approach used for this study is evaluative approach.

RESEARCH DESIGN

Quasi experimental research design (non-equivalent control group pre test – post test design) was chosen for this study.

EO1	**X**	**O2**
CO1	**_**	**O2**

E- Experimental group

O1- Pre test

X- Intervention

O2- Post test

C- Control group

VARIABLES

INDEPENDENT VARIABLE

Coping Strategies

DEPENDENT VARIABLES

Stress and Coping

DEMOGRAPHIC VARIABLES

Demographic variables of the alcohol dependents such as Age, Duration of alcohol dependence, Number of relapse after the treatment, and demographic variables of the caregivers such as Age of the caregiver, Gender, Relationship with the client, Education, Income, Type of family and Duration of stay.

RESEARCH SETTINGS

The study was conducted at selected de-addiction Centres, such as Freedom De-addiction centre and Sri Victoria De-addiction centre, at Thanjavur District. The total bed strength of each de-addiction centre was 50. Every day 35-60 alcohol dependents come for treatment in the out-patient department. The psychiatrist confirms the addiction and the client admitted in the in- patient unit for 30 days compulsorily. One caregiver will be allowed to stay with the client.

POPULATION

The population of this study was comprised of the caregivers of alcohol dependents at selected De-addiction Centres, Thanjavur**.**

SAMPLE

The sample of this study was the person who is taking care of the alcohol dependents for more than 6 months and who fulfilled the inclusion criteria.

SAMPLE SIZE

The total sample size comprised of 80 caregivers of alcohol dependents, 40 in experimental and 40 in control group at selected De-addiction centre.

SAMPLING TECHNIQUE

Non probability purposive sampling technique was used in this study

CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA

- Caregivers who lived with the alcohol dependents at selected De-addiction centre, Thanjavur.
- Caregivers who stayed with the alcohol dependents for more than 6 months.
- Caregivers who are willing to participate in the study.
- Caregivers who can read and write Tamil or English.

EXCLUSION CRITERIA

- Relatives who visits the alcohol dependents.

DATA COLLECTION TOOLS

The tool comprises of III parts,

PART I – Demographic variables**.**

PART II: Semi structured rating scale to assess the level of stress among the caregivers of alcohol dependents**.**

PART III: Semi structured rating scale to assess the level of coping among the caregivers of alcohol dependents.

REPORT OF THE PILOT STUDY

Pilot study was conducted to test the reliability, practicability, validity, and feasibility of the study and also to determine the major flaws in the design used. It also helped to determine the plan of data analysis.

Pilot study was conducted for a period of two weeks. The investigator obtained a written consent from the head of the institution authorities of Abhayam and Vaigarai de- addiction centre, Thanjavur. The investigator obtained the oral permission from the participants prior to the study. Four caregivers of alcohol dependents were selected as samples. The first day pre test was conducted by using rating scale to assess the levels of stress and coping. On second day onwards coping strategies was provided to the experimental group and after 14 days the effect of Coping Strategies was assessed by post test, by using the same rating scale for both the groups. The tool was found feasible, effective and no other practical difficulties were identified. The investigator plan for the statistical analysis for the final study was decided. The experience of the pilot study assured the investigator's confidence to proceed with final study.

RELIABILITY AND VALIDITY OF THE TOOL

Validity of the tool was confirmed based on review of literature, and with consultation and guidance from experts. The tool was validated by the medical and nursing experts. The reliability of the tool was assessed by using test-retest method. The statistical analysis revealed the significant results. So the main study was preceded.

METHOD OF DATA COLLECTION

Written formal permission was obtained from the head of the institutional authorities and informed consent obtained from the subjects. The investigator had collected data for four weeks. 80 caregivers of alcohol dependents who fulfilled the inclusion criteria were selected as sample by using non

probability purposive sampling technique. The investigator collected the demographic data and pre test was conducted on the same day with the help of semi structured rating scales. Followed by pre test, coping strategies was provided to caregivers by using LCD, charts, flash cards and pamphlets for 30 minutes every day to the experimental group for 15 days. After 2 weeks of interval, the post test was done by using the same tool to both experimental and control groups.

SCORING AND INTERPRETATION

Part I: It consisted of the details of demographic variables about the caregivers of alcohol dependents**.**

Part II – It consisted of semi structured rating scale to assess the level of stress among the care givers of alcohol dependents. The total item was 21 and total score was 105. The least score was 0 and maximum score was 5 for each item.

- **1-35 - mild stress**
- **36-70- moderate stress**
- **71-105-severe stress**

Part III- It consisted of semi structured rating scale to assess the level of coping among the care givers of alcohol dependents. The total of item was 21 and total score was 105. The least score was 0 and maximum score was 5 for each item.

- **1-35- poor coping**
- **36-70-average coping**
- **71-105-good coping.**

PLAN FOR DATA ANALYSIS

Analysis of data was done by descriptive and inferential statistics.

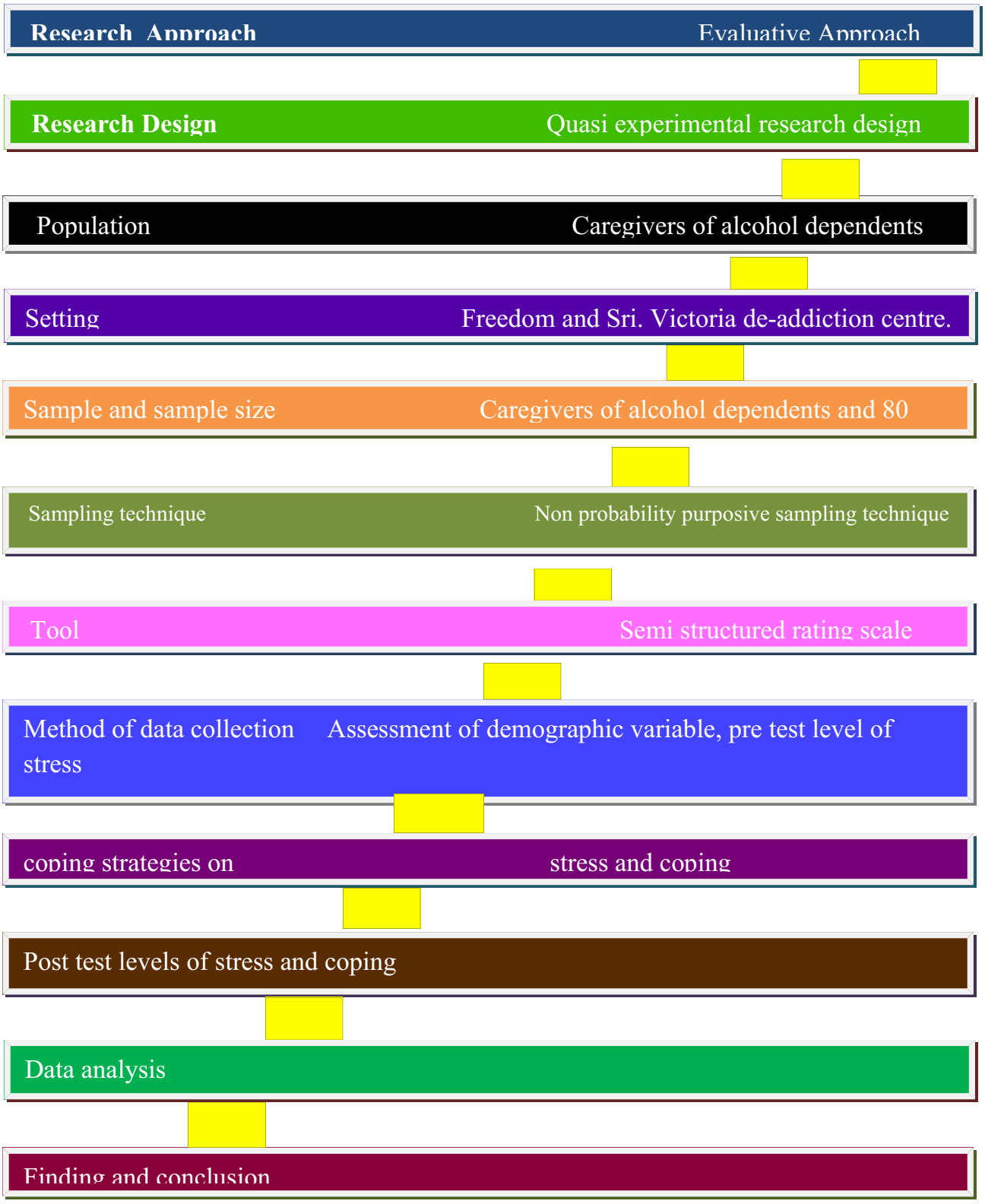
TABLE 3.1 Represents the plan for data analysis

S. NO	Data Analysis	Methods	Remarks
1.	Descriptive statistics	Percentage, Frequency distribution, Mean and standard Deviation.	To describe the demographic variables of alcohol dependents and caregivers in both experimental and control groups.
		Correlation	To determine the post test scores of stress and coping among the caregivers of alcohol dependents in both experimental and control group.
2.	Inferential statistics	paired "t" Test	To assess the effectiveness of coping strategies on stress and coping among the caregivers of alcohol dependents in both experimental and control groups
		Unpaired 't' test	To compare the levels of stress and coping among the caregivers of alcohol dependents between the experimental and control groups.
		Chi-square test	To find out the association between the pre test levels of stress and coping among the caregivers of alcohol dependents in both experimental and control group with their selected demographic variables.

PROTECTION OF HUMAN SUBJECTS

The research proposal was approved by the dissertation committee prior to conduct the pilot study. The permission obtained from the head of the institutional authorities. After the clear explanation about the study oral consent was obtained from each participant before started the data collection. Assurance was provided to the subjects that the anonymity, confidentiality and subject privacy will be guarded. Scientific objectivity of the study was maintained with honesty and impartiality.

FIGURE 3.1 SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY



CHAPTER- IV

ANALYSIS AND INTERPRETATION

CHAPTER -IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of data collected from the selected samples of 80 caregivers of alcohol dependents to assess the effectiveness of coping strategies on stress and coping at selected de-addiction centre, Thanjavur. The data was collected by using descriptive and inferential statistics and scoring was done. The demographic variables were coded and analyzed. The data was tabulated and analyzed based on the objectives and interpreted in the following sections.

ORGANIZATION OF DATA

The data collected were grouped and analyzed by using descriptive & inferential statistical method. The study findings are presented in seven sections according to the objectives.

SECTION: 1

Assessment of Demographic variables among the care givers of alcohol dependents on Stress and Coping in both experimental and control groups.

SECTION: 2

Assessment of pre test levels of stress and coping among the care givers of alcohol dependents in both experimental and control groups.

SECTION: 3

Assessment of post test levels of stress and coping among the care givers of alcohol dependents in both experimental and control group**.**

SECTION: 4

Comparison of pre test and post test levels of stress and coping among the care givers of alcohol dependents in both experimental and control group**.**

SECTION: 5

Compare the significant difference between the experimental and Control group levels of stress and coping among the care givers of alcohol dependents.

SECTION: 6

Assessment of correlation between the post test scores of stress and coping among the care givers of alcohol dependents in both experimental and control group.

SECTION: 7

Assessment of association between the pre test levels of stress and coping among the care givers of alcohol dependents in both experimental and control group with their selected demographic variables.

PRESENTATION OF DATA

SECTION- I

Assessment of Demographic variables among the care givers of alcohol dependents on stress and Coping in both experimental and control group.

TABLE 4:1

Represents the Frequency and Percentage distribution of demographic variables of Care givers of alcohol dependents in both experimental and control groups.

N=40+40=80

Demographic variables	Experimental Group		Control Group	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Age of the caregiver in years.				
20-30	11	27.5%	10	25%
31-40	15	37.5%	12	30%
41-50	13	32.5%	11	27.5%
>51	01	2.5%	07	17.5%
Duration of alcohol dependence in years.				
0-5	10	25%	10	25%
6-10	13	32.5%	10	25%
11-15	08	20%	15	37.5%
>16	09	22.5%	05	12.5%
Number of relapse after treatment.				
1st time	26	65	27	67.5
2nd time	13	32.5	09	22.5
	01	2.5	04	10
	0	-	0	-

3rd time >4 times				
Age of caregiver in years. 20-30 31-40 41-50 >51	 06 13 09 12	 15% 32.5% 22.5% 30%	 10 12 06 12	 25% 30% 15% 30%
Gender of the caregiver. Male Female	 04 36	 10 90	 13 27	 32.5% 67.5%
Relationship with client. Spouse Sibling Parents Offspring	 26 02 12 0	 65% 5% 30% -	 22 04 10 04	 55% 10% 25% 10%
Educational status Illiterate Primary Secondary Higher secondary Degree Diploma	 05 05 18 09 03 0	 12.5% 12.5% 45% 22.5% 7.5% -	 03 03 14 10 10 -	 7.5% 7.5% 35% 25% 25% -

Income/month <Rs.5000 Rs.5001-10,000 Rs.10,001-20,000 >Rs 20,001	 10 13 09 08	 25% 32.5% 22.5% 20%	 07 28 04 01	 17.5% 70% 10% 2.5%
Type of family Nuclear Joint Extended	 32 05 03	 80% 12.5% 7.5%	 27 08 05	 67.5% 20% 12.5%

Duration of stay with clients in years. 0-5 6-10 11-15 >16	 02 09 23 06	 5% 22.5% 57.5% 15%	 02 05 20 13	 5% 12.5% 50% 32.5%

Above mentioned table revealed that the frequency and distribution of demographic variables of experimental and control groups. In experimental group regarding the age of clients maximum 11 (27.5%) 20-30 years, 15 (37.5%) were 31-40 years, 13 (32.5%) were 41-50 years, 1 (2.5%) client from the age of 51 and above. Where as in control group maximum 10 (25%) clients were of 20-30 years, 12 (30%) clients were 31-40 years, 11(27.5%) clients were 41-50 years, 7 (17.5%) clients were above 51 years.

Regarding the duration of alcohol dependence the maximum 10(25) clients, were in less than 5years of duration, 13(32.5%) were 6-10 years, 8(20%) were in 15 years and 9 (22.5) were above 16 years in experimental group, whereas, in control group 10(25%) clients were in less than 5years, 10(25%) were 6-10 years, 15(37.5%) were 11-15 years and 5(12.5%) were more than 16 years.

Regarding relapse after the treatment 26 (65%) alcohol dependents were from first time relapse. 13(32.5%) clients in second time and 1(2.5%) came in 3rd time. None of them were in 4th time relapse and more in experimental group. Whereas in control group 27(67.5) clients were from first time relapse, 9(22.5%) in second time and 4(10%) of clients in third time relapse and got admitted in the de-addiction centre. None of them were in 4th time relapse and more.

Regarding the age of the caregivers maximum 6(15%) were from 20-30 years, 13 (32.5%) were 31-40 years, 9 (22.5%) were 41-50 years, 12 (30%) were above 51years in experimental group. Whereas, in control group 10 (25%) were

20-30 years, 12(30%) were 31-40 years, 6(15%) were 41-50 years and 12(30%) were above 51 years.

Regarding the gender maximum of 4 (10%) care givers were male and 36 (90%) female in experimental group. Where as in control group 13 (32.5%) were male and maximum 27 (67.5%) were female.

Regarding the relationship to client 26 (65%) care givers were spouse, 2 (5%) were siblings, 12(30%) were parents and no offspring came as a caregiver in experimental group. Where as in control group 22 (55%) care givers were spouse, 4(10%) were siblings, 10(25%) care givers were parents and 4(10%) were offspring of alcohol dependents.

Regarding the education 5 (12.5%) of care givers were illiterate, 5 (12.5%) were primary education, 18 (45%) were secondary education, 9 (22.5%) were higher secondary education, 3 (7.5%) were degree and none of them in diploma qualification in experimental group. Where as in control group 3 (7.5%) care givers were illiterate, 3 (7.5%) got primary education, 14 (35%) were secondary education, 10 (25%) were higher secondary education, 10 (25%) were degree, none of them from diploma qualification.

Regarding the monthly income 10 (25%) were getting less than Rs.5000, 13(32.5%) were Rs 5001 -10,000, 9(22.5%) were Rs10,001 -20,000, 8 (20%) were more than Rs 20,000 in experimental group. Where as in control group 7(17.5%) Less than Rs. 5000, 28(70%) were Rs. 5001-10,000, 4(10%) were Rs. 10,001-20,000 and 1(2.5%) were more than Rs.20,000.

Regarding the type of family 32 (80%) care givers were belongs to nuclear family, 5 (12.5%) care givers were joint family, 3 (7.5%) care givers were extended family in experimental group. Where as in control group 27 (67.5%) care

givers were belongs to nuclear family, 8 (20%) of care givers were joint family, 5 (12.5%) of care givers were belongs to extended family.

Regarding the duration of stay with the client 2 (5%) care givers were in <5 years, (22.5%) were in 6-10 years, 23 (57.5%) were 11-15 years and 6(15%) were more than 15 years in experimental group. where as in control group 2 (5%) were in <5 years, 5 (12.5%) were in 6-10 years, 20 (50%) were in 11-15 years and 13 (32.5%) more than 16 years were staying with the alcohol dependent client.

Figure 4.1 Represents the Percentage distribution of Age of the clients in Experimental and control groups**.**

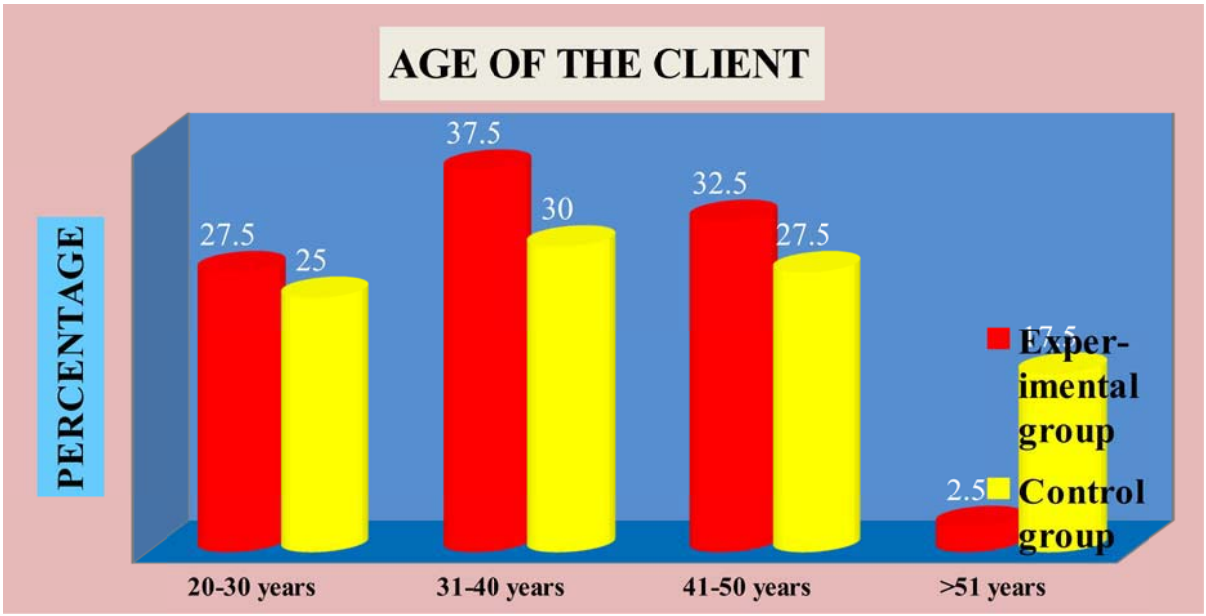


Figure4.2 Represents the percentage distribution of duration of alcohol dependence in experimental and control groups.

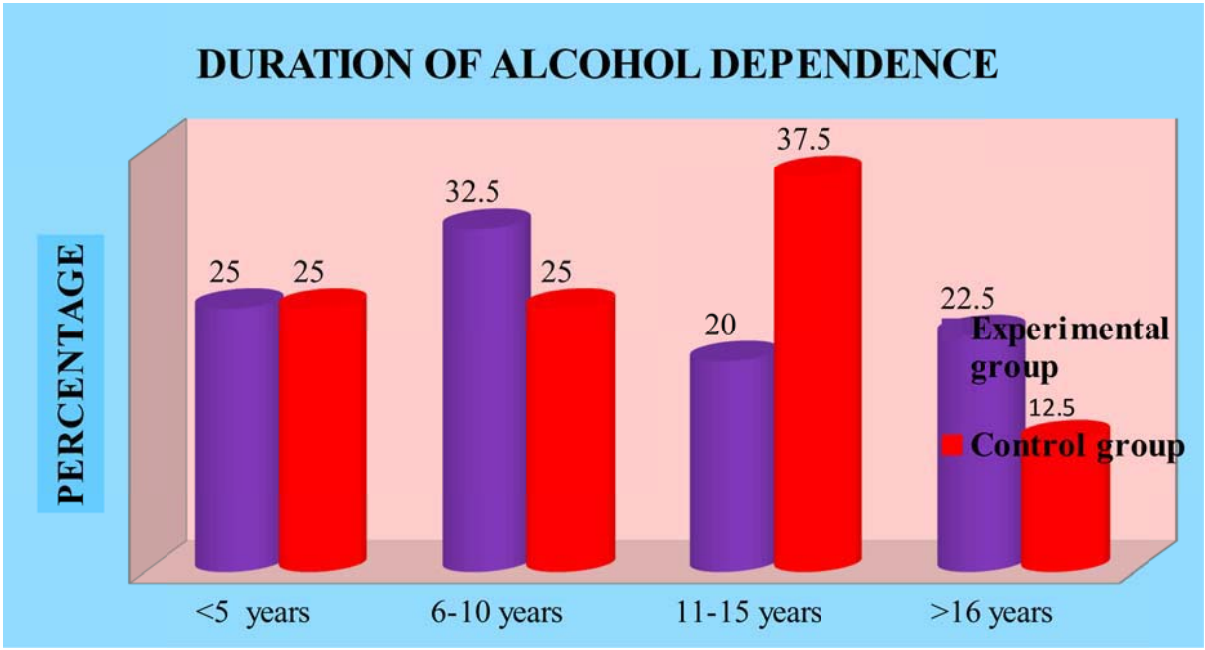


Figure 4.3 Represents the percentage distribution of Number of relapse after treatment in experimental and control groups**.**

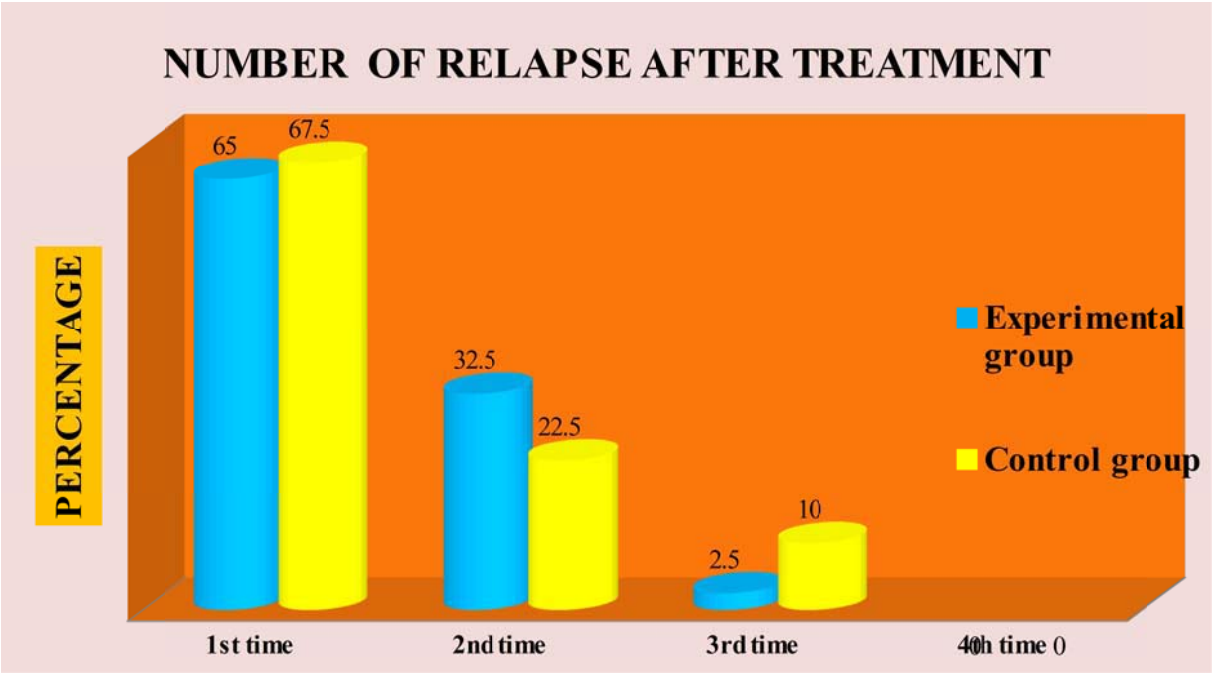


Figure4.4 Represents the percentage distribution of Age of the care givers in experimental and control groups.

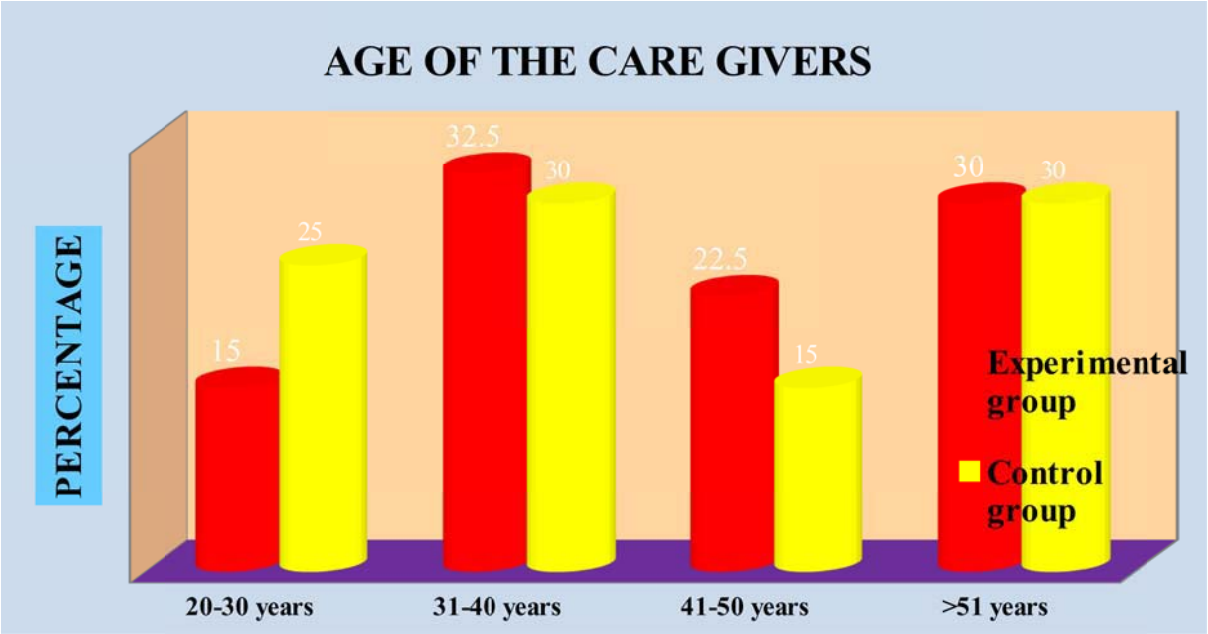


Figure4.5 Represents the percentage distribution gender of the care givers in experimental and control groups.

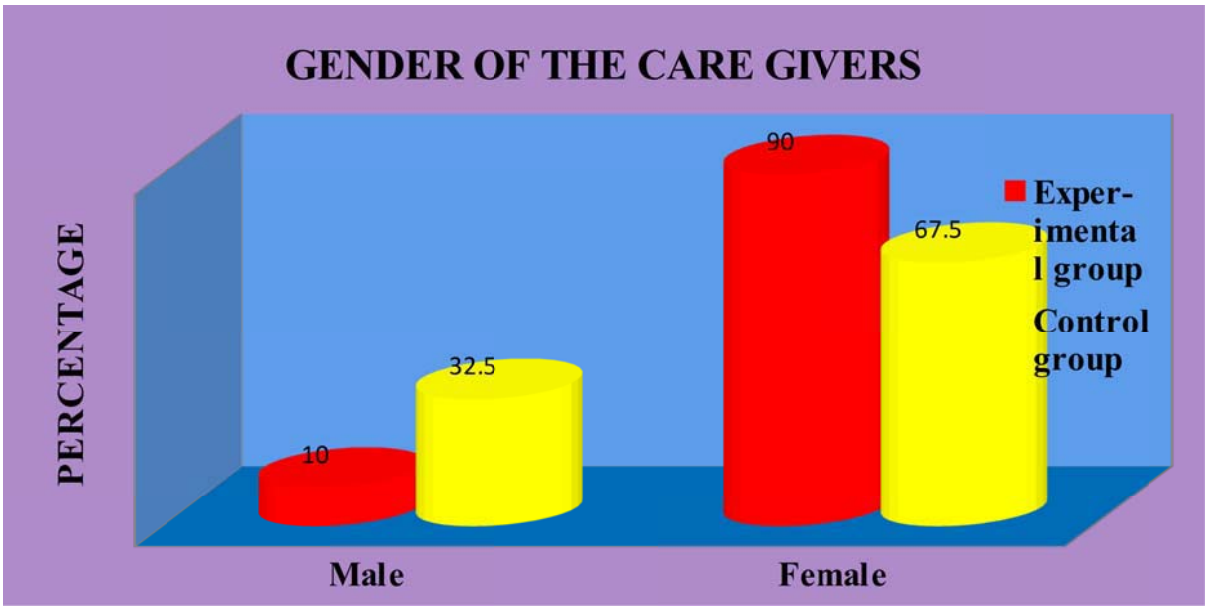


Figure 4.6 Represents the percentage distribution of relationship to the client in experimental and control groups.

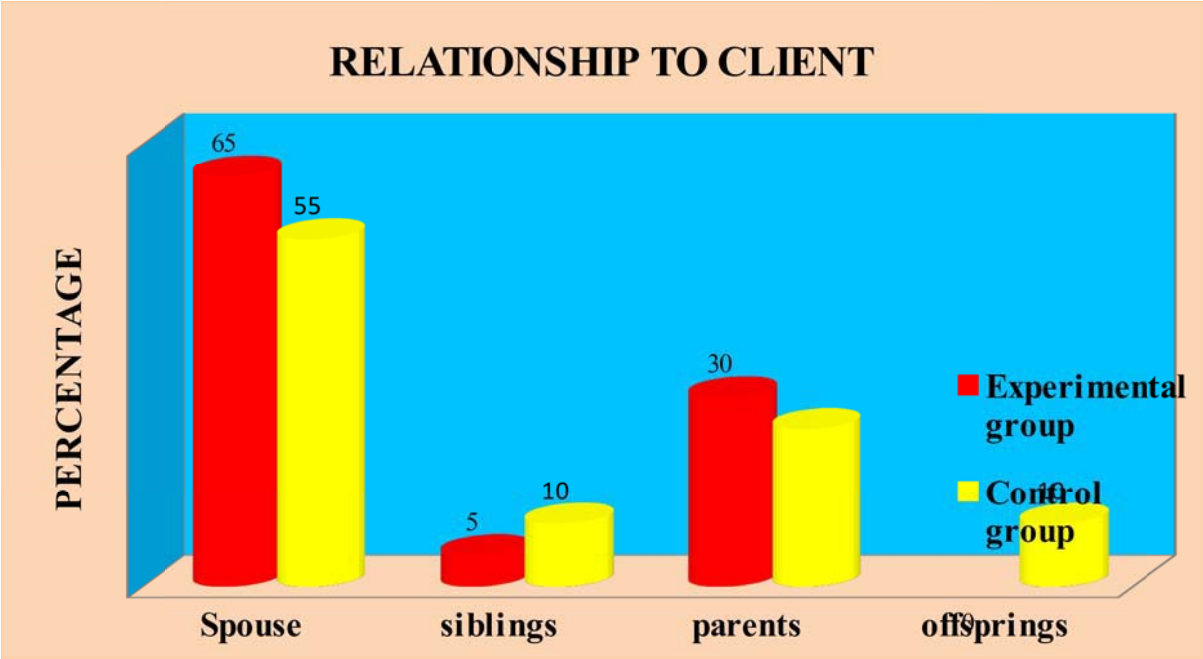


Figure 4.7 Represents the percentage distribution of educational status of the care givers in experimental and control groups.

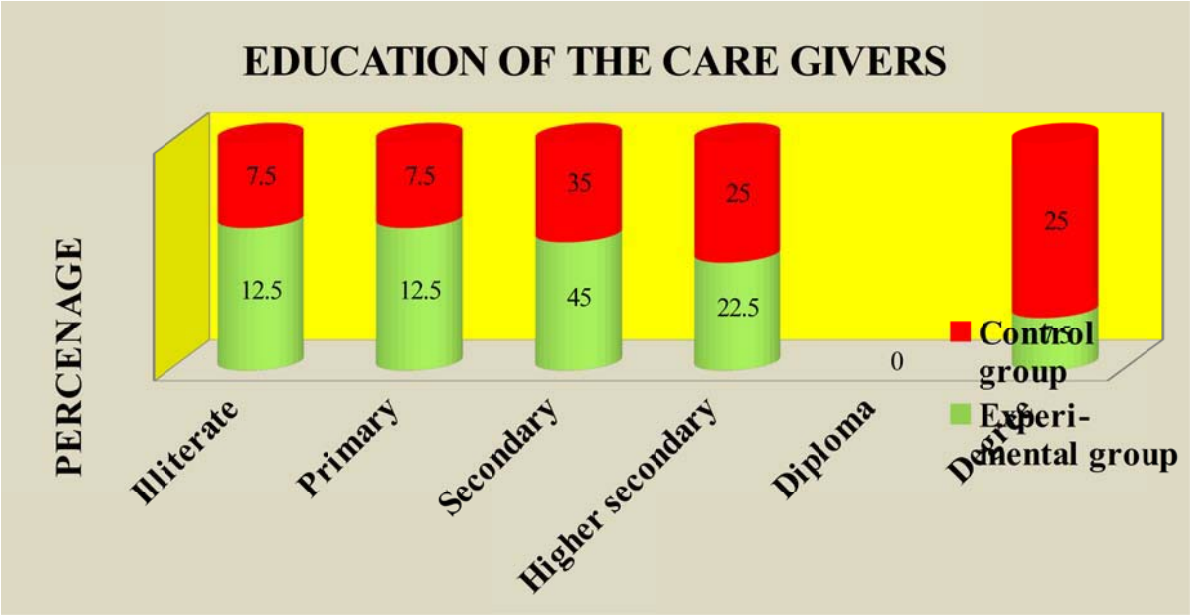


Figure 4.8 Represents the percentage distribution of Income/month in experimental and control groups.

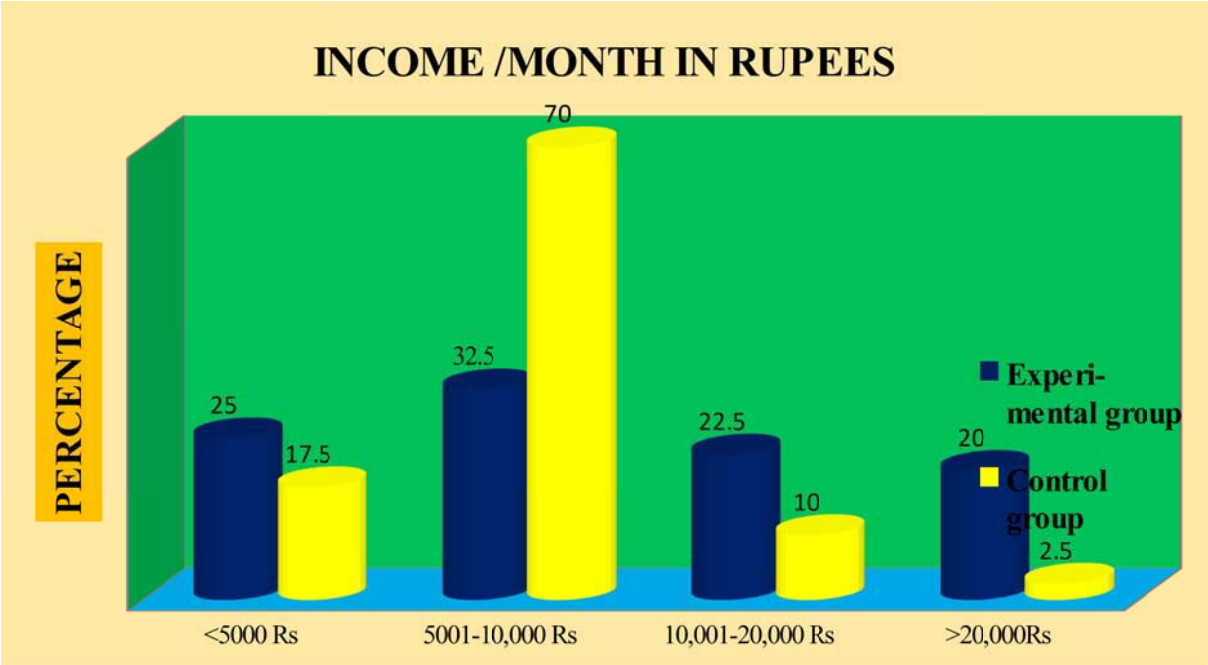


Figure 4.9 Represents the percentage distribution of type of family of care givers in experimental and control groups.

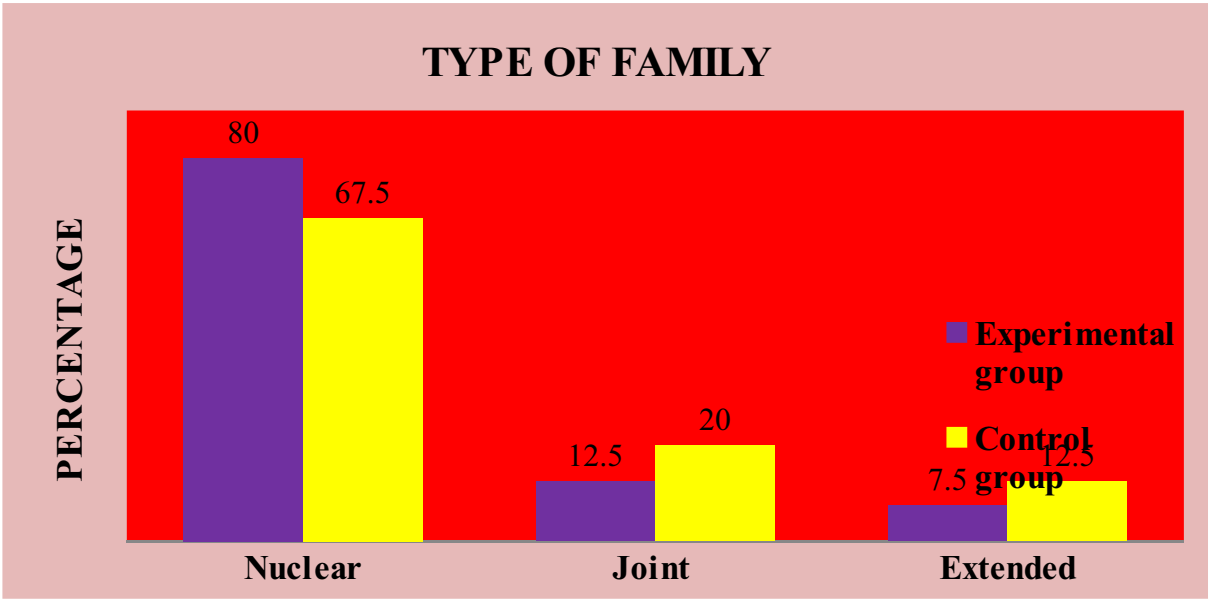
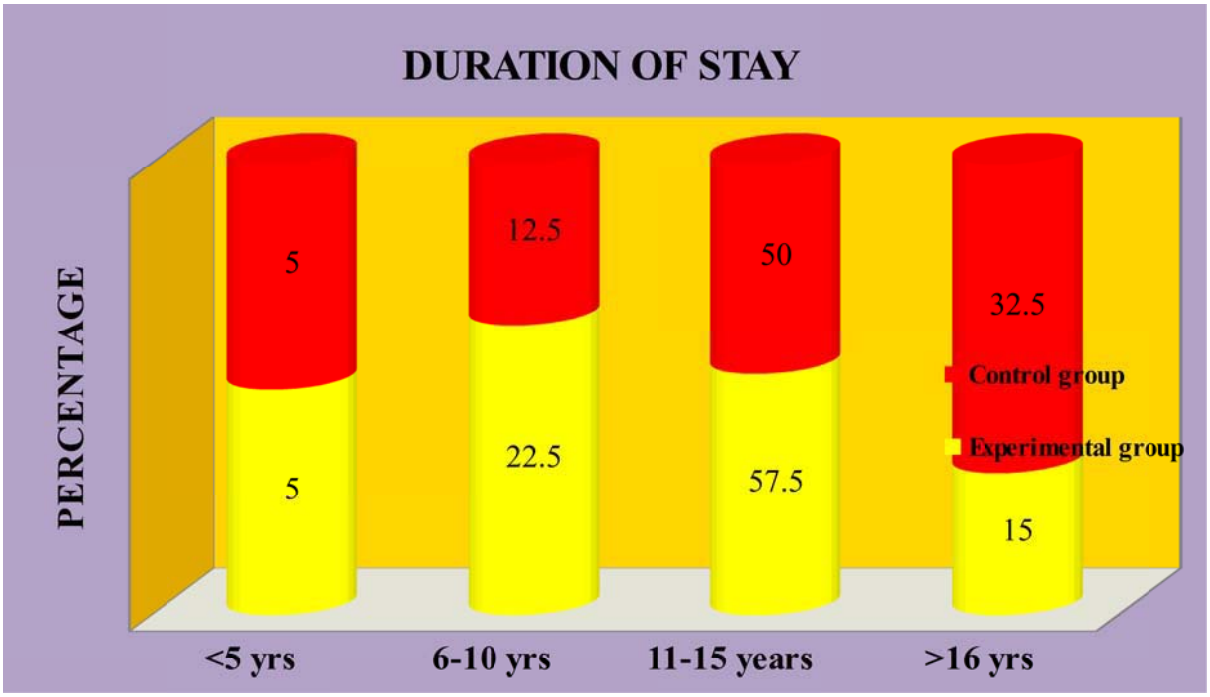


Figure 4.10 Represents the percentage distribution of duration of stay with the client in experimental and control groups.



SECTION: 2 Assessment of pre test levels of stress and coping among the care givers of alcohol dependents in both experimental and control groups.

TABLE: 4.2 Represents the Frequency and percentage distribution of pre test levels of stress among the care givers of alcohol dependents in both experimental and control groups**.**

N= 40+40=80

LEVEL OF STRESS	**EXPERIMENTAL GROUP**		**CONTROL GROUP**	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Severe stress	28	70%	26	65%
Moderate stress	12	30%	14	35%
Mild stress	-	-	-	

Table 4.2 Represents the frequency and percentage distribution of pre test levels of stress among care givers of alcohol dependents in both experimental and control groups.

The assessment of pre test levels of stress among the caregivers of alcohol dependents revealed that 28 (70%) care givers had severe stress and 12 (30%) care givers had moderate stress in experimental group. Where as in control group 26 (65%) care givers had severe stress and 14 (35%) care givers had moderate stress and none of them had mild stress in both experimental and control group.

TABLE: 4.3

Represents the Frequency and percentage distribution of pre test levels of coping among the care givers of alcohol dependents in both experimental and control groups.

N=40+40=80

LEVELS OF COPING	**EXPERIMENTAL GROUP**		**CONTROL GROUP**	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Poor coping	25	62.5%	24	60%
Average coping	15	37.5%	16	40%

Good coping	-	-	-	-

Table 4:3 Represents the frequency and percentage distribution of pre test levels of coping among the caregivers of alcohol dependents in both experimental and control groups.

The assessment of pre test levels of coping among the caregivers of alcohol dependents revealed that 25(62.5%) care givers had poor coping and 15 (37.5%) care givers had average coping in experimental group. Where as in control group 24 (60%) care givers had poor coping and 16 (40%) care givers had average coping and none of them had good coping in both experimental and control group.

SECTION: 3 Assessment of post test levels of stress and coping among the care givers of alcohol dependents in both experimental and control group**.**

TABLE: 4.4

Represents the Frequency and percentage distribution of post test levels of stress among the care givers of alcohol dependents in both experimental and control groups.

N= 40+40=80

LEVELS OF STRESS	**EXPERIMENTAL GROUP**		**CONTROL GROUP**	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Severe stress	2	5%	25	62.5%
Moderate stress	20	50%	15	37.5%
Mild stress	18	45%	-	-

Table: 4.4 Represents the frequency and percentage distribution of post test levels stress among the caregivers of alcohol dependents in both experimental and control group.

The assessment of post test levels of stress revealed that 18 (45%) care givers had mild stress and 20 (50%) care givers had moderate stress and 2(5%) of them had severe stress in experimental group. Where as in control group 25 (62.5%) care givers had severe stress and 15 (37.5%) care givers had moderate stress and none of them had mild stress in control group.

TABLE 4.5

Represents the Frequency and Percentage distribution of post test levels of coping among the care givers of alcohol dependents in both experimental and control groups.

N=40+

40=80

LEVELS OF COPING	**EXPERIMENTAL GROUP**		**CONTROL GROUP**	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Poor coping	-	-	22	55%
Average coping	18	45%	18	45%
Good coping	22	55%	-	-

Table 4.5 Represents the frequency and percentage distribution of post test levels of coping among the caregivers of alcohol dependents in both experimental and control group.

The assessment of post test levels of coping among the caregivers of alcohol dependents revealed that 22(55%) care givers had good coping and 16 (45%) care givers had average coping and none of them had poor coping in experimental group. Where as in control group 22 (55%) care givers had poor coping and 18 (45**%**) care givers had average coping and none of them had good coping in control group.

SECTION: 4 Comparison of pre test and post test levels of stress and coping among the care givers of alcohol dependents in both experimental and control groups**.**

TABLE: 4.6 Represents the Comparison of pre and post test levels of stress among the care givers of alcohol dependents in both experimental and control groups. N=40+40=80

GROUP	**PRE TEST**		**POST TEST**		**Paired "t" test value**
	MEAN	**SD**	**MEAN**	**SD**	
Experimental group	76.85	16.21	46.52	16.28	**t = 22.96 ***
Control group	76.67	16.17	76.37	16.33	**t = 1.232**

*significant

H0- There is no significant difference between the pre test and post test levels of stress among the care givers of alcohol dependents in both experimental and control groups.

TABLE: 4.6 Represents the Comparison of pre and post test levels of stress among the care givers of alcohol dependents in both experimental and control group.

The analysis revealed that the pre test mean value 76.85 with SD16 has significant to the post test mean value 46.52 with SD 16.28 and the Calculated 't' value =22.96 and TV=2.0227 (CV>TV) which is significant at 0.05 level for the experimental group. Where as in control group the analysis revealed that the pre test mean value 76.67 with SD 16.17 has significant to the post test mean value 76.37 with SD 16.33 and the calculated 't' value = 1.232 and the TV=2.0227 (CV<TV) which is not significant at 0.05level for the control group.

FIGURE 4.11 Represents the comparison of pre test levels of stress among the care givers of alcohol dependents in both experimental and control groups**.**

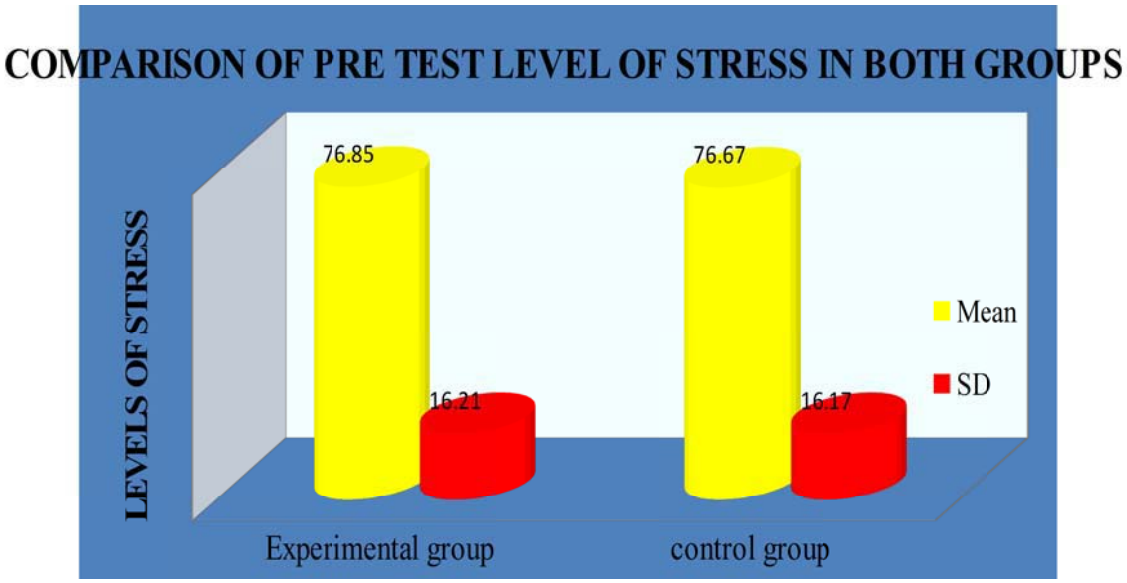


FIGURE 4.12 Represents the comparison of post test levels of stress among the care givers of alcohol dependents in both experimental and control groups**.**

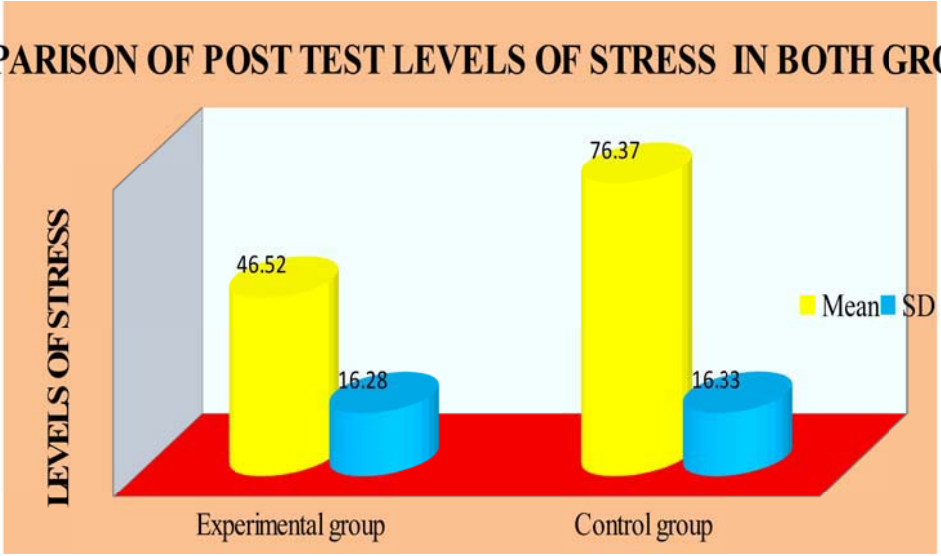


TABLE 4.7

Represents the Comparison of pre and post test levels of coping among the care givers of alcohol dependents in both experimental and control groups.

N=40

GROUP	PRE TEST		POST TEST		Paired "t" test value
	MEAN	SD	MEAN	SD	
Experimental group	37.87	11.28	70.5	12.93	t = 26.60 *
Control group	38.12	11.08	37.9	11.21	t = 0.72

*significant

H0- There is no significant difference between the pre test and post test levels of coping among the care givers of alcohol dependents in both experimental and control groups.

TABLE: 4.7 Represents the Comparison of pre test and post levels of coping among the care givers of alcohol dependents in both experimental and control groups.

The analysis revealed that the pre test mean value 37.87 with SD 11.28 has significant to the post test mean value 70.5 with SD 12.93 and the Calculated 't' value CV=26.60 and TV=2.0227 (CV>TV) which is significant at 0.05 level for the experimental group. Where as in control group the analysis revealed that the pre test mean value 38.12 with SD 11.08 has significant to the post test mean value 37.9 with SD 11.21 and the calculated 't' value CV= 0.7280 and the TV=2.0227 (CV<TV) which is not significant at 0.05 level for control group.

FIGURE 4.13 Represents the comparison of pre test levels of coping among the care givers of alcohol dependents in both experimental and control groups.

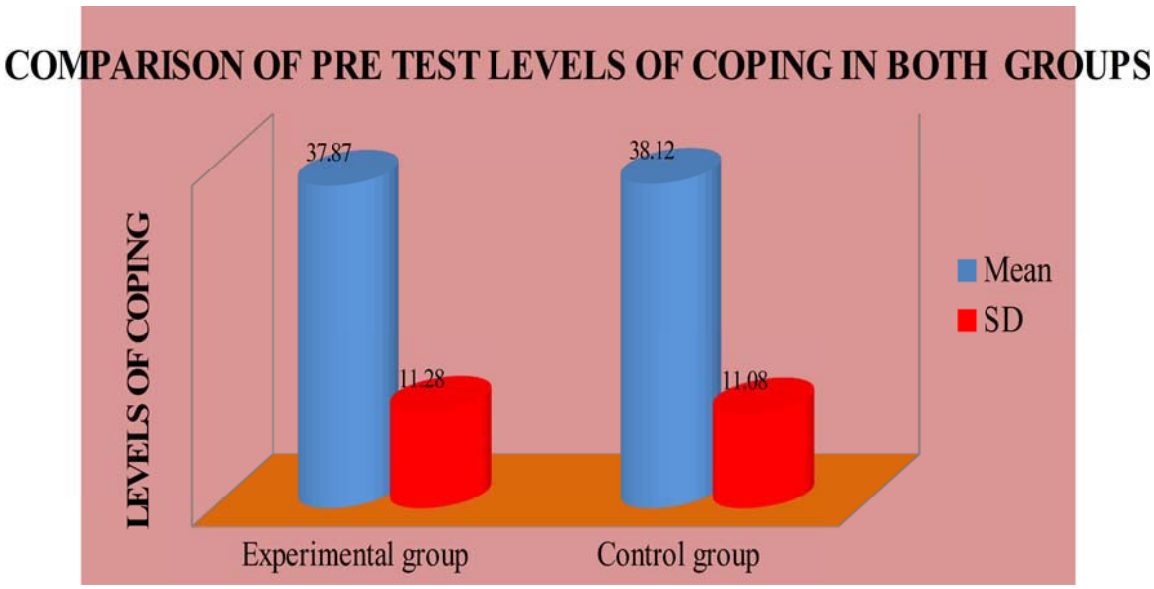
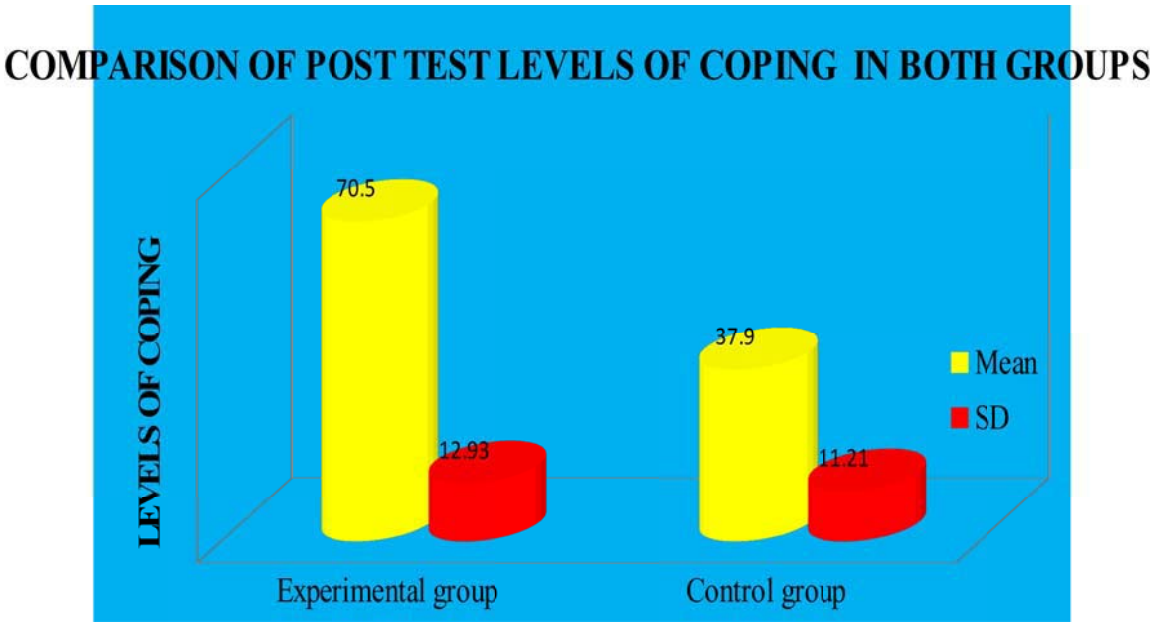


FIGURE 4.14 Represents the comparison of post test levels of coping among the care givers of alcohol dependents in both experimental and control groups.



SECTION-5

Compare the significant difference between the experimental and Control group levels of stress and coping among the care givers of alcohol dependents.

TABLE 4.8 Represents the Comparison of experimental and control group levels of stress among the care givers of alcohol dependents.

N=40+40=80

TEST	**EXPERIMENTAL GROUP**		**CONTROL GROUP**		**Un paired "t" test**
	MEAN	**SD**	**MEAN**	**SD**	

					value
PRE TEST	76.85	16.21	76.67	16.17	t = 0.04
POST TEST	46.52	16.28	76.37	16.33	t = 8.09*

*significant

H0- There is no significant difference between the experimental and control group levels of stress among the care givers of alcohol dependents.

TABLE: 4.8 Represents the comparison of experimental and control group levels of stress among the care givers of alcohol dependents.

The analysis revealed that pre test mean value 76.85 SD 16.21 in experimental group where as in control group the mean value 76.67 with SD 16.7 and the Calculated 't' value =0.0477 and the TV=2.0227(CV<TV) which is not significant at 0.05 level . For the post test mean value 46.52 with SD 16.28 in experimental group whereas, in control group the mean value 76.37 with SD 16.33 and the Calculated 't' value CV= 8.0912 and the TV=2.0227 (CV>TV) which is significant at 0.05 level .

FIGURE 4.15 Represents the comparison of pre test levels of stress between the experimental and control group among the care givers of alcohol dependents**.**

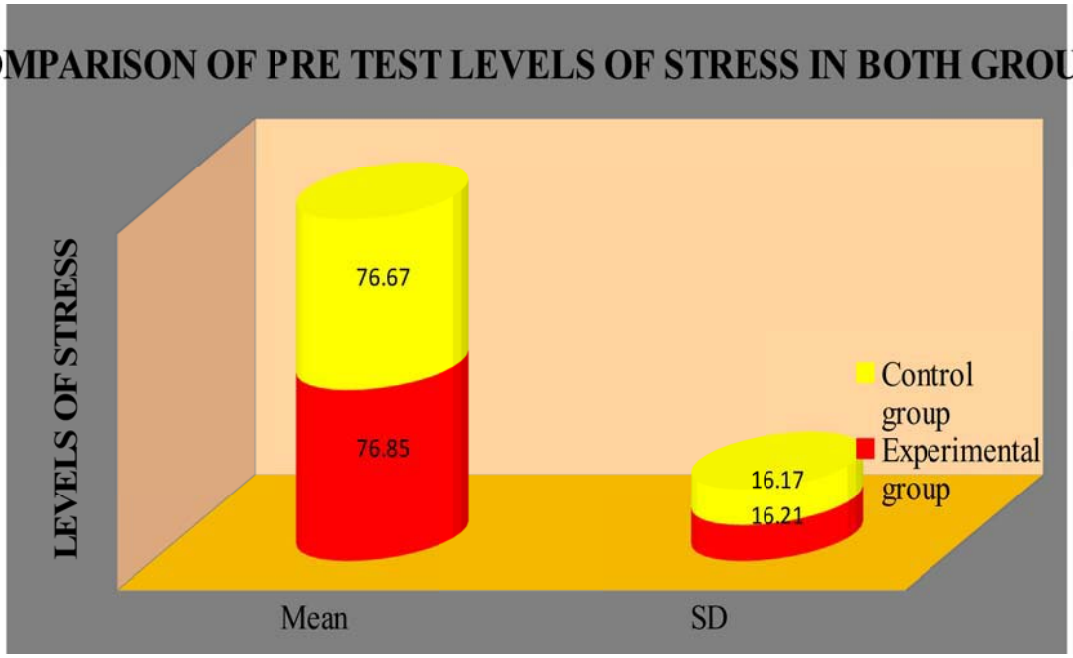


FIGURE 4.16 Represents the comparison of post test levels of stress between the experimental and control group among the care givers of alcohol dependents.

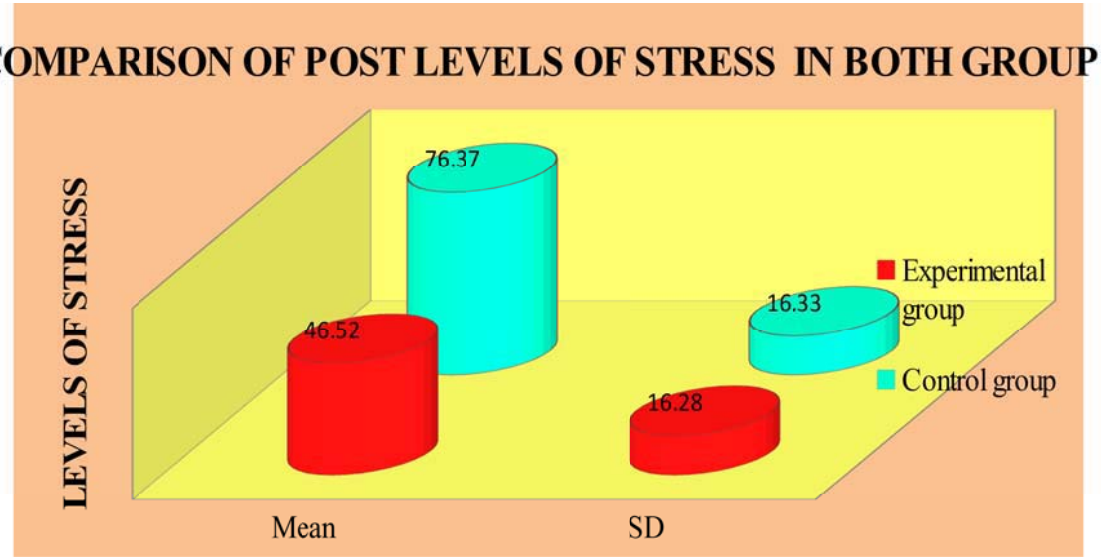


TABLE 4.9

Represents the Comparison of experimental and control group levels of coping among the care givers of alcohol dependents**.**

N=40+40=80

TEST	**EXPERIMENTAL GROUP**		**CONTROL GROUP**		**Un paired "t" test value**
	MEAN	**SD**	**MEAN**	**SD**	
PRE TEST	37.87	11.28	38.12	11.08	t = 0.09
POST TEST	70.5	12.93	37.9	11.21	t = 11.8*

* significant

H0- There is no significant difference between the experimental and control group levels of coping among the caregivers of alcohol dependents.

TABLE: 4.9 Represents the comparison of experimental and control group levels of coping among the care givers of alcohol dependents.

The analysis revealed that the pre test mean value 37.87 with standard deviation 11.28 in experimental group whereas, in control group the mean value 38.12 with standard deviation 11.08 and the un paired 't' test value CV=0.0984 and the TV=2.0227 (CV<TV) which is not significant at 0.05 level . For the post test mean value 70.5 with standard deviation 12.93 in experimental group whereas, in control group the mean value 37.9 with standard deviation 11.21 and the un paired 't' test value CV= 11.8898 and the TV=2.0227 (CV>TV) which is significant at 0.05 level .

FIGURE 4.17 Represents the comparison of pre test levels of coping between the experimental and control group among the care givers of alcohol dependents**.**

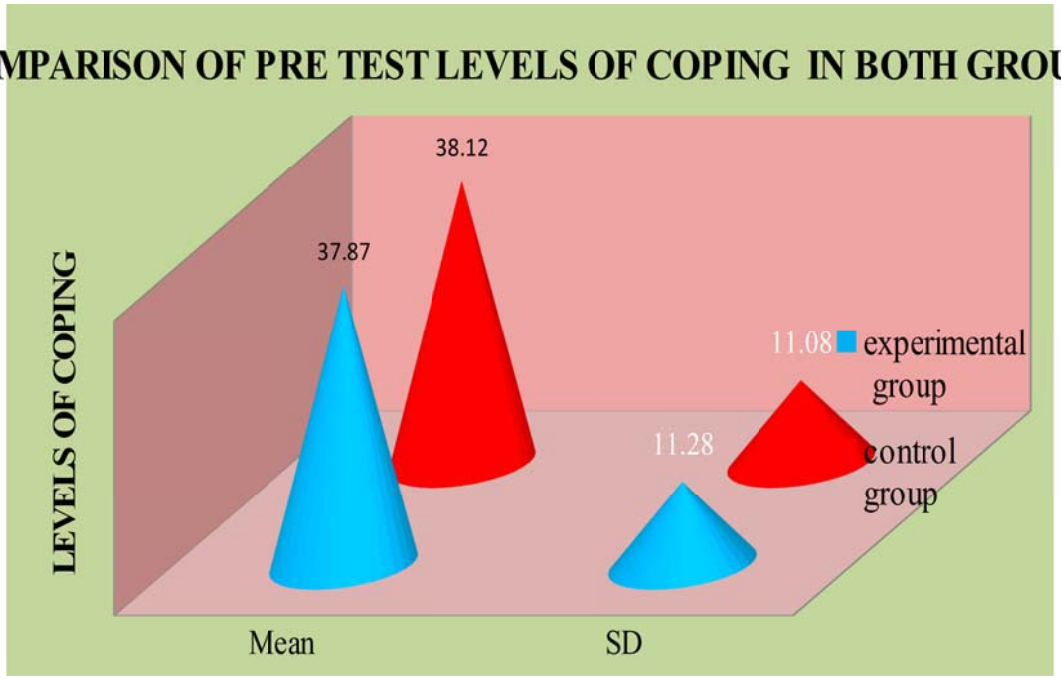
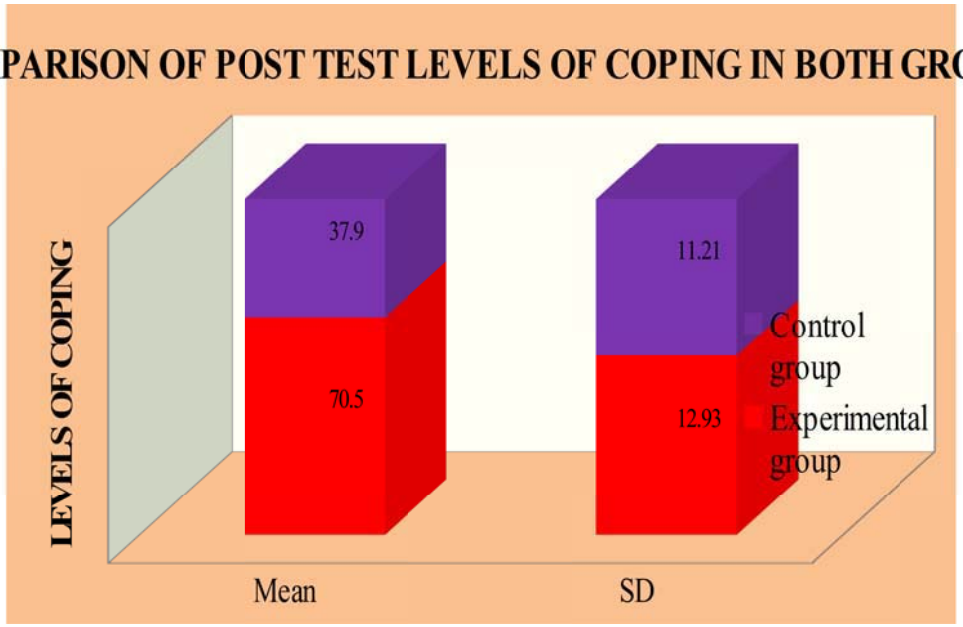


FIGURE 4.18 Represents the comparison of post test levels of coping between the experimental and control group among the care givers of alcohol dependents.



SECTION-6

Assessment of correlation between the post test scores of stress and coping among the care givers of alcohol dependents in both experimental and control group.

TABLE 4.10 Represents the correlation between the post test scores of stress and coping among the care givers of alcohol dependents in both experimental and control group. N=40

Group	Post Test		Post Test		'r' value
	Mean	**SD**	**Mean**	**SD**	
Experimental group	46.52	16.28	70.5	12.93	-0.70 Negative and significant correlation

TABLE 4.10 Represents the correlation between the post test scores of stress and coping among the care givers of alcohol dependents in both experimental and control group.

In experimental group the mean value of stress was 46.52 with standard deviation 16.28 and the mean value of coping was 70.5 with standard deviation 12.93 and the correlation r=-0.70 which is negative and significance for post test scores. It reveals the given coping Strategies was effective to reduce the stress and to increase the level of coping among the caregivers of alcohol dependents.

SECTION: 7

Assessment of association between the pre test levels of stress and coping among the care givers of alcohol dependents in both experimental and control group with their selected demographic variables.

TABLE 4.11 Represents the association between the pre test levels of stress and coping among the care givers of alcohol dependents of experimental group with their selected demographic variables.

N=40

Demographical variables	**Levels of stress**						χ^2	**Levels of coping**						χ^2
	Severe stress		**Moderate stress**		**Mild stress**			**Poor coping**		**Average coping**		**Good coping**		
	no	%	no	%	no	%		no	%	no	%	no	%	
Age of the client in years.														
20-30	05	12.5	06	15	-	-		05	12.5	06	15	-	-	
31-40	12	30	03	7.5	-	-	4.59	10	25	05	12.5	-	-	2.32
41-50	10	25	03	7.5	-	-	N.S	09	22.5	04	10	-	-	N.S
Above 51	01	2.5	0	-	-	-		01	2.5	0	-	-	-	

Duration of alcohol dependence														
< 5 years	05	12.5	05	12.	-	-	3.33	05	12.	05	12.	-	-	2.00
6-10 years	09	22.5	04	5	-	-	(N.S)	10	5	03	5	-	-	(N.S)
11-15 years	07	17.5	01	10	-	-		05	25	03	7.5	-	-	
>16 years	07	17.5	02	2.5	-	-		05	12.	04	7.5	-	-	
				5					5		10			
									12.					
									5					
No. of relapse after treatment														
1st time	17	42.5	09	22.	-	-	0.989	22	55	04	10	-	-	18.3
2nd time	10	25	03	5	-	-	(N.S)	02	5	11	27.	-	-	(S)
3rd time	01	2.5	0	7.5	-	-		01	2.5	0	5	-	-	
4 times and above	0	-	0	-	-	-		0	-	0	-	-	-	
				-							-			
Age of caregiver in years														
20-30	02	05	04	10	-	-	10.32	04	10	02	5	-	-	3.48
31-40	07	17.5	06	15	-	-	(S)	10	25	03	7.5	-	-	(N.S)
41-50	09	22.5	0	-	-	-		06	15	03	7.5	-	-	
51 and above	10	25	02	5	-	-		05	12.	07	17.	-	-	
									5		5			

Gender of the caregiver														
Male	02	5	02	5	-	-	0.84	03	7.5	01	2.5	-	-	0.29
Female	26	65	10	25	-	-	(N.S)	22	55	14	35	-	-	(N.S)
Relationship														
Spouse	16	40	10	25	-	-	10.6	15	37.	11	27.	-	-	5.8
Sibling	0	-	02	5	-	-	9 (S)	0	5	02	5	-	-	(N.S)
Offspring	0	-	0	-	-	-		0	-	0	5	-	-	
Parents	12	30	0	-	-	-		10	-	02	-	-	-	
									25		5			
Educational status														
Illiterate	04	10	01	2.5	-	-		01	2.5	04	10	-	-	
Primary	03	7.5	02	5	-	-	4.81	03	7.5	02	5	-	-	7.44
Secondary	15	37.5	03	7.5	-	-	(N.S)	15	37.	03	7.5	-	-	(N.S)
Higher	04	10	05	12.	-	-		04	5	05	12.	-	-	
secondary				5					10		5			
Diploma	0	-	0		-	-		0		0		-	-	
Degree	02	5	01	-	-	-		02	-	01	-	-	-	
				2.5					5		2.5			
Income/month														
<5000Rs	06	15	04	10	-	-		08	20	02	5	-	-	
6000-10,000Rs	12	30	01	2.5	-	-	4.66	10	25	03	7.5	-	-	7.44
10,001-20,000	05	12.5	04	10	-	-	(N.S)	05	12.	04	10	-	-	(N.S)
20,001&above	05	12.5	03	7.5	-	-		02	5	06	15	-	-	

									5					

Type of family														
Nuclear	20	50	12	30	-	-	1.74	20	50	12	30	-	-	4.28
Joint	05	12.5	0	-	-	-	(N.S)	04	10	01	2.5	-	-	(N.S)
Extended	03	7.5	0	-	-	-		01	2.5	02	5	-	-	
Duration of stay in years														
0-5	0	-	02	5	-	-		0	-	02	5	-	-	
6-10	08	20	01	2.5	-	-	6.95	05	12.5	04	10	-	-	4.05
11-15	15	37.5	08	20	-	-	(N.S)	16	40	07	17.5	-	-	(N.S)
16 & above	05	12.5	01	2.5	-	-		04	10	02		-	-	

*significant

H0 There is no significant association between the pre test levels of stress and coping among the care givers of alcohol dependents of experimental group with their selected demographic variables.

The above analysis revealed that there was a significant association between the pre test levels of stress with the age of the caregiver and relationship to the patient and in coping, there was a significant association between the number of relapse after treatment there was no significant association with other demographical variables such as age of the client, duration of alcohol dependence, gender of caregiver, educational status, income/month, type of family and duration of stay with the alcohol dependents in experimental group at the significant level of 0.05.

TABLE 4.12

Represents the association between the pre test levels of stress and coping among the care givers of alcohol dependence in control group with their selected demographic variables. N=40

Demographic Variables	**LEVEL OF STRESS**							**LEVEL OF COPING**						
	Severe stress		**Moderate stress**		**Mild stress**			**Poor coping**		**Average coping**		**Good coping**		
	NO	**%**	**NO**	**%**	**NO**	**%**	χ^2	**NO**	**%**	**NO**	**%**	**NO**	**%**	χ^2
Age of the client in years														
20-30	05	12.5	05	12.5	-	-		04	10	06	15	-	-	
31-40	08	20	04	10	-	-	5.30	10	25	02	5	-	-	5.73
41-50	06	15	05	12.5	-	-	(N.	05	12.5	06	15	-	-	(N.S
51 & above	07	17.5	0	-	-	-	S)	05	12.5	02	5	-	-	)
Duration of alcohol dependence														
<5 years	04	10	06	15	-	-	5.56	04	10	06	15	-	-	5.0
6-10years	07	17.5	03	7.5	-	-	(N.	06	15	04	10	-	-	(N.S
11-15years	10	25	05	12.5	-	-	S)	09	22.5	06	15	-	-	)
>16 years	05	12.5	0	-	-	-		05	12.5	0	-	-	-	

No. of relapse after treatment 1st time 2nd time 3rd time 4 & above times	15 07 04 0	37.5 17.5 10 -	12 02 0 0	30 5 - -	- - - - -	- - - - -	3.85 (N.S)	15 05 04 0	37.5 12.5 10 -	12 04 0 0	30 10 - -	- - - - -	- - - - -	2.96 (N.S)
Age of care giver in years 20-30 31-40 41-50 51& above	04 07 05 10	10 17.5 12.5 25	06 05 01 02	15 12.5 2.5 5	- - - - -	- - - - -	5.64 (N.S)	03 07 06 08	7.5 17.5 15 20	07 05 0 04	17.5 12.5 - 10	- - - - -	- - - - -	7.98 (S)
Gender of the care giver Male Female	10 16	25 40	03 11	7.5 27.5	- -	- -	1.20 (N.S)	08 16	20 40	05 11	12.5 27.5	- -	- -	0.019 (N.S)
Relationship with the client Spouse Sibling Offspring parents	15 01 08 02	37.5 2.5 20 5	07 03 02 02	17.5 7.5 5 5	- - - - -	- - - - -	4.29 (N.S)	14 0 06 04	35 - 15 10	08 04 04 0	20 10 10 -	- - - - -	- - - - -	8.78 (S)

Educational Status														
Illiterate	03	7.5	0	-	-	-		03	7.5	0	-	-	-	
Primary	03	7.5	0	-	-	-		03	7.5	0	-	-	-	
Secondary	10	25	04	10	-	-	5.46	09	22.5	05	12.5	-	-	8.78
Higher-secondary	05	12.5	05	12.5	-	-	(N.S)	06	15	04	10	-	-	(N.S)
Diploma	05	12.5	05	12.5	-	-		03	7.5	07	17.5	-	-	
Degree	00	-	0	-	-	-		0	-	0	-	-	-	
Income /month														
<Rs 5000	6	15	1	2.5	-	-		5	12.5	2	5	-	-	
Rs 5001-10000	18	45	10	25	-	-	4.67	17	42.5	11	27.5	-	-	3.09
Rs 10,001-20,000	1	2.5	3	7.5	-	-	(N.S)	1	2.5	3	7.5	-	-	(N.S)
Rs 20,001& above	1	2.5	0	-	-	-		1	2.5	0	-	-	-	
Type of family	22	55	05	12.5	-	-	13.2	18	45	09	22.5	-	-	5.46
Nuclear	04	10	04	10	-	-	0 (S)	02	5	06	15	-	-	(N.S
Joint	0	-	05	12.5	-	-		04	10	01	2.5	-	-	)
Extended														
Duration of stay with client in years														
0-5	02	5	0	-	-	-		02	5	0	-	-	-	
6-10	03	7.5	02	5	-	-	4.04	04	10	01	2.5	-	-	7.62
11-15	15	37.5	05	12.5	-	-	(N.S)	14	35	06	15	-	-	(N.S
16 and above	06	15	07	17.5	-	-		04	10	09	22.5	-	-	)

H0 -There is no significant association between the pre test levels of stress and coping among the care givers of alcohol dependents in control group with their selected demographic variables.

The above analysis revealed that there was a significant association between the pre test levels of stress with the type of family and there was no significant association between the age of the client, duration of alcohol dependence, number of relapse after treatment, age of care givers, gender, relationship to client, education, Income/month, and duration of stay with the patient in control group. Where as in coping, significant association between the age of caregiver and relationship to the client and there was no significant association between the age of client, duration of alcohol dependence, number of relapse after treatment, gender of caregiver, educational status, income/month, type of family and duration of stay with the client in control group at the significant level of 0.05.

CHAPTER -V

DISCUSSION

DISCUSSION

This chapter deals with the discussion of the study with appropriate literature review, statistical analysis and the findings of the study based on the study objectives and hypothesis. The aim of the present study was to assess the effectiveness of coping strategies on stress and coping among the caregivers of alcohol dependents at selected de-addiction Centres, Thanjavur.

The study was a quasi- experimental (non- equivalent control group pre test – post test) design. A total of 80 caregivers of alcohol dependents were selected for the study by using, non probability purposive sampling technique, in which 40 were assigned to experimental group and 40 were assigned to control group. Pre test was conducted by using semi structured rating scales to assess the stress and coping. The teaching program and exercise were taught to caregivers after pre test. Then, after 14 days the post test was conducted by using the same rating scale. Results of the study were discussed based on the study objectives and hypothesis. The data was grouped and analyzed by using the descriptive and inferential statistics.

The first objective to assess the pre test levels of stress and coping among the care givers of alcohol dependents in experimental and control group.

In experimental group level of stress was 28 (70%) care givers had severe stress and 12 (30%) care givers had moderate stress. In coping 25 (62.5%) care givers had poor coping and 15(37.5%) care givers had average coping and none of them had mild stress and good coping. In the control group 26 (65%) caregivers had severe stress and 14 (35%) care givers had moderate stress. In coping 24(60%) caregivers had poor coping and 16(40%) caregivers had average coping and none of them had adequate coping in both experimental and control group.

In post test, experimental group level of stress was 18 (45%) care givers had mild stress and 20 (50%) care givers had moderate stress and 2 (5%) caregivers had severe stress where as in coping, 22(55%) caregivers had good coping and 18 (45%) caregivers had average coping and none of them had poor coping.

In control group the level of stress 25 (62.5%) caregivers had severe stress and 15 (37.5%) care givers had moderate stress and none of them had mild stress. In coping 22 (55%) care givers had poor coping and 18 (45%) care givers had average coping and none of them had good coping in control group.

The second objective to evaluate the effectiveness of Coping Strategies among the care givers of alcohol dependents in experimental group.

In experimental group the mean pre test value of stress was 76.85 with standard deviation 16.21, post test mean value was 46.52 with standard deviation 16.28 which was found to projected paired 't' value CV = 22.96 and the TV=2.0227 (CV>TV) which is significant at 0.05 level, where as in pre test level of coping the mean value was 37.87 with standard deviation 11.28, in post test mean value was 70.5 with standard deviation 12.93, which was found to projected paired 't' value CV = 26.60 and the TV= 2.0227 (CV>TV) at 0.05 level.

It proved that there was a significant difference between the pre and post test level of stress and coping in experimental group. So the given coping strategies was effective.

In control group the mean pre test value of stress was 76.67 with standard deviation 16.17, in post test mean value 76.37 with standard deviation 16.33.which was found to projected paired 't' value CV = 1.232 and the TV=2.0227(CV<TV) which is not significant at 0.05 level.

where as in pre test level of coping the mean value was 38.12 with standard deviation 11.08, in post test mean value was 37.9 with standard deviation 11.21, which was found to projected paired 't' value CV = 0.740 and the TV= 2.0227 (CV<TV) at 0.05 level. It proved that there was no significant difference between the pre and post test level of stress and coping among the caregivers of alcohol dependents in control group.

Hence the research hypothesis H_1 states that there was a significant difference between the pre and post test levels of stress and coping among the care givers of alcohol dependents was accepted with the experimental group and the same it is rejected to the control group.

The above mentioned statistical analysis proved that the selected coping Strategies was very effective to the experimental group.

The third objective to compare the levels of stress and coping among the care givers of alcohol dependents between the experimental and control groups.

In experimental group the mean pre test value of stress was 76.85 with standard deviation 16.21, where as in control group the mean value was 76.67 with standard deviation 16.17,which was found that the projected unpaired 't' value CV= 0.0477 and the TV=2.0227(CV<TV) which was not significant at 0.05 level . In pre test level of coping the mean value was 37.87, with standard deviation 11.28, where as in control group the mean value was 38.12, with standard deviation 11.08, which was found to projected unpaired 't' value CV= 0.098 and the TV= 2.0227 (CV<TV) which was not significant at 0.05 level.

In experimental group the mean post test value of stress was 46.52 with standard deviation 16.28, where as in control group post test mean value of was 76.37 with standard deviation 16.33, which was found to projected unpaired 't'

value CV = 8.091 and the TV=2.0227(CV>TV) which was significant at 0.05 level . In post test level of coping the mean value was 70.5 with standard deviation 12.93, where as in control group post test level of coping the mean value was 37.9 with standard deviation 11.21, which was found to projected unpaired 't' value CV= 11.88 and the TV= 2.0227 (CV>TV) which significant at 0.05 level.

Hence the research hypothesis H_2 states that there was a significant difference between the pre and post test levels of stress and coping among the care givers of alcohol dependents was accepted with the experimental group and the same it is rejected to the control group.

The above mentioned statistical analysis proved that the selected coping strategies was very effective to the experimental group.

The fourth objective to correlate the post test scores of stress and coping among the care givers of alcohol dependents in both experimental and control group.

In experimental group the mean post test scores of stress was 46.52 with standard deviation 16.28 and the mean value for coping was 70.5 with standard deviation 12.93 and the calculated correlation r=-0.70 it revealed that there was a negative and significant correlation between the post test scores of stress and coping of alcohol dependents.

In control group the mean post test scores of stress was 76.37 with standard deviation 16.33 and the mean value of coping was 37.9 with standard deviation 11.21 and the calculated correlation r=-0.72 it revealed that there was a negative and significant Correlation between the post test scores of stress and coping among the caregivers of alcohol dependents. Hence the research hypothesis H_3 states that there was a significant negative correlation between the post test scores

of stress and coping among the care givers of alcohol dependents in both experimental group and control group was accepted. So, the coping strategies were effective to reduce the stress and to improve the coping among the caregivers of alcohol dependents.

The fifth objective to determine the association between the pre test levels of stress and coping among the care givers of alcohol dependents and their selected demographic variables.

In the experimental group there was a significant association between the level of stress with age of caregiver and relationship with the client and Number of relapse after treatment for the level of coping in experimental group. So H_4 was accepted

But in the experimental group there was no significant association between the pre test level of stress and coping with other demographic variables. So the hypothesis H_4 was rejected.

In control group there was a significant association between the level of stress with the type of family and for the level of coping the age of care giver and relationship to the client. So H_4 was accepted.

But in the control group there was no significant association between the pre test level of stress and coping with other demographic variables. So the hypothesis H_4 was rejected.

CHAPTER -VI

SUMMARY AND CONCLUSION

CHAPTER -VI

SUMMARY AND CONCLUSION

This chapter presents a brief summary of the study, conclusion, implication, recommendations and limitations.

SUMMARY

The present study was conducted to assess the effectiveness of coping strategies on stress and coping among the caregivers of alcohol dependents. The design was quasi experimental design. A total 80 caregivers (40 caregivers in experimental group and 40 caregivers in control group) who met the inclusion criteria were selected as samples from the selected de-addiction Centre, Thanjavur. The samples were selected by using non probability purposive sampling technique. The investigator introduced about herself to the samples and developed rapport with them. After the selection of samples, the interview was conducted with the instrument. In the experimental group level of stress was 28 (70%) care givers had severe stress and 12 (30%) of caregivers had moderate level of stress. In coping 25(62.5) caregivers had poor coping and 15(37.5%) care givers had average coping and none of them had adequate level of coping.

In the control group the level of stress was 26 (65%) caregivers had severe stress and 14 (35%) care givers had moderate stress. In coping 24(60%) caregivers had poor coping and 16(40%) caregivers

had average coping and none of them had adequate coping in experimental and control group.

In experimental group the post test levels of stress was 18 (45%) care givers had mild stress and 20 (50%) care givers had moderate stress and 2 (5%) had severe stress in experimental group. In coping 22(55%) caregivers had good coping and 18 (45%) caregivers had average coping and none of them had poor coping in experimental group. Where as in control group the post test levels of stress 25 (62.5%) caregivers had severe stress and 15 (37.5%) care givers had moderate stress and none of them had mild stress. In coping 22 (55%) care givers had poor coping and 18 (45%) care givers had average coping and none of them had good coping in control group.

The statistical analysis revealed that pre and post test levels of stress and coping of experimental group Paired 't' test for stress ('t' = 22.96) and for coping ('t' = 26.60).This proved that there was a significant difference in pre test and post test levels of stress and coping for the experimental group at 0.05 level. Where as in control group the stress level was ('t' = 1.232) and coping ('t' = 0.7409) revealed that there was no significant difference in pre and post test levels of coping for the control group at 0.05 level. So the given coping strategies was effective in the experimental group.

The statistical analysis for the comparison of stress and coping between the experimental and the control group was calculated by the Un Paired 't' test for pre test stress ('t' = 0.0477 and for coping ('t' = 0.0984). This proved that there was a no significant difference in pre test stress and coping where as in post test the stress level was

('t' = 8.0912) and for coping ('t' = 11.8898). This revealed that there was a significant difference in post test levels of stress and coping for the experimental and control group. Hence the coping strategies was effective.

The statistical analysis for correlation between the post test scores of stress and coping of the experiment and control group was calculated by "Karl Pearson correlation test" stated that in experimental group 'r' value (r = -0.7) it revealed that there was a negative and significant correlation between the stress and coping of caregivers of alcohol dependents. In control group the 'r' value (-0.7) it revealed that there was a negative and significant correlation between the stress and coping of caregivers of alcohol dependents.

The statistical analysis to determine the association between the pre test levels of stress and coping among the caregivers of alcohol dependents with their selected demographic variables was calculated by using 'chi square test'. The results stated that in experimental group towards the stress there was a significant association with age of caregiver and relationship to alcohol dependents and in coping there was a significant association with number of relapse after treatment. Where as in control group towards the stress level there was a significant association with the type of family and in coping there was a significant association with age of caregiver and relationship to client.

CONCLUSION

The main objective of the study was to determine the effectiveness of Coping Strategies on stress and coping among the care givers of alcohol dependents at selected de-addiction Centres, Thanjavur. The statistical analysis revealed that there was a

significant effectiveness of coping strategies on stress and coping among the caregiver of alcohol dependents in experimental group.

NURSING IMPLICATIONS

The findings of the study which enable to conclude the coping strategies was effective to reduce the stress and improve the coping skills of caregivers of alcohol dependents and have certain important implications for the nursing profession, including nursing service, education, administration, and nursing research.

NURSING SERVICE

- Nurses play an important role in identifying the stressors that cause health problems and improve the coping skills in caregivers of alcohol dependents. They participate in nursing activities at primary, secondary and tertiary levels.
- The deficit in the awareness about stress and coping of caregivers of alcohol dependents indicates that stress reduction program would be benefit to the relatives of alcohol dependents for early identification of stress and for better coping skills to deal with their alcohol dependent relatives.

Nurses act as an educator, leader, supervisor, protector, advocator and team member in various situation of work. Coping Strategies given to the caregivers of alcohol dependents to reduce the stress and improve the Coping Skills. The finding of the study will help the care givers to identify the stressors and improve the coping skills and to deal with the alcohol dependents.

NURSING EDUCATION

- The nursing education is framed in such a way that it equips the nurses with the essential knowledge, attitude and skills for

meeting the needs of the society at primary, secondary and tertiary levels.

- Alcohol and substance abuse related problems are studied with due importance in the fields such as psychiatric nursing and community health nursing.

NURSING RESEARCH

Nurse researchers can:

- Promote more research on stress and coping among the caregivers of alcohol dependents in the community.
- Disseminates the findings of the research through conferences, seminars and publishing in nursing journals.

NURSING ADMINISTRATION

Nursing administration should make necessary initiatives of:

- Arrange and conduct workshops, conferences, seminars on stress reduction and ways to improve coping skills of caregivers of alcohol dependents.
- Provide opportunities to participate in stress reduction and coping skills programs.

The finding of the present study will help the nurses to organize and plan for educational program by using various teaching methods and audiovisual aids.

RECOMMENDATION

The following recommendations are done based on this study.

- The similar study can be conducted with large samples for better generalization.
- A comparative study can be conducted to assess the stress and coping of caregivers of alcohol dependents in the community setup and de-addiction centre.

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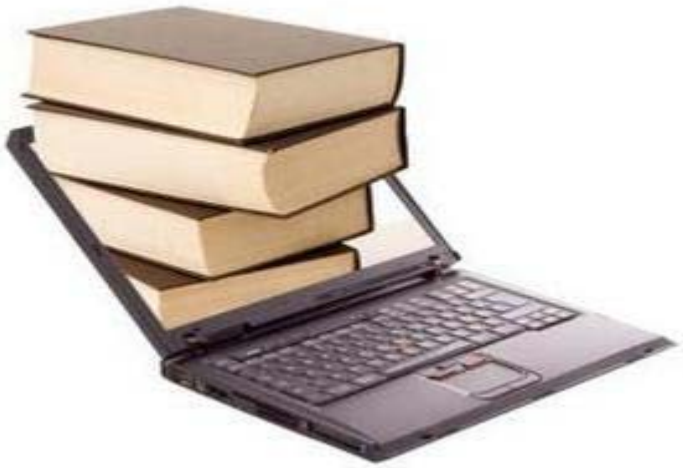

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ANNEXURES

OUR LADY OF HEALTH COLLEGE OF NURSING

DIOCESE OF TANJORE SOCIETY

Affiliated to Dr. M.G.R. Medical University, Approved by

T.N.C. Govt. of Tamilnadu & I.N.C. New Delhi

V.O.C. Nagar, Trichy Road, Thanjavur - 613 007. Tamilnadu, India. Phone No. : 04362 - 272210

LETTER SEEKING PERMISSION TO CONDUCT REASEARCH STUDY

FROM

Ms.V.Sagaya devi,
II Year M.Sc(N),
Our Lady Of Health College Of Nursing,
Thanjavur.

TO

The secretory ,
Sri victoria De-Addiction centre,
Madhakottai, Pudukottai road,
Near kamala subramaniyam shool,
Thanjavur.

RESPECTED MADAM/SIR

SUB: Requesting permission to conduct the research study.

I am Ms.V.Sagaya devi M.Sc., [N] student, as a part of my curriculum requirement under THE TAMILNADU DR.M.G.R.MEDICAL UNIVERSITY, would like to conduct a research study on the following topic;

A STUDY TO ASSESS THE EFFECTIVENESS OF COPING STRATEGIES ON STRESS AND COPING AMONG THE CAREGIVERS OF ALCOHOL DEPENDENTS AT SELECTED DE-ADDICTION CENTRES, THNJAVUR.

Hence I request you to kindly grant me permission to conduct the research study in your reputed hospital.

Kindly do the needful and oblige.

Thanking you,

SRI VICTORIA DE-ADDICTION CUM REHEBILITATION CENTRE
MATHAKKOTTAI
THANJAVUR
PH: 04362-227584

PRINCIPAL
Our Lady of Health College of Nursing,
Arulanandha Nagar 3rd Cross,
THANJAVUR-613 007

Forward by Principal

PLACE: Thanjavur

DATE:

Yours faithfully,

MS.V.Sagayadevi.

OUR LADY OF HEALTH COLLEGE OF NURSING

DIOCESE OF TANJORE SOCIETY

Affiliated to Dr. M.G.R. Medical University, Approved by

T.N.C. Govt. of Tamilnadu & I.N.C. New Delhi

V.O.C. Nagar, Trichy Road, Thanjavur - 613 007. Tamilnadu, India. Phone No. : 04362 - 272210

LETTER SEEKING PERMISSION TO CONDUCT REASEARCH STUDY

FROM

Ms.V.Sagaya devi,
II Year M.Sc(N),
Our Lady Of Health College Of Nursing,
Thanjavur.

TO

Dr. Thiruvalluvan ,
Freedom De-Addiction centre,
Near Old housing unit ,
Denial Thomas nagar,
Thanjavur.

RESPECTED MADAM/SIR

SUB: Requesting permission to conduct the research study.

I am Ms.V.Sagaya devi M.Sc., [N] student, as a part of my curriculum requirement under THE TAMILNADU DR.M.G.R.MEDICAL UNIVERSITY, would like to conduct a research study on the following topic;

A STUDY TO ASSESS THE EFFECTIVENESS OF COPING STRATEGIES ON STRESS AND COPING AMONG THE CAREGIVERS OF ALCOHOL DEPENDENTS AT SELECTED DE-ADDICTION CENTRES, THNJAVUR.

Hence I request you to kindly grant me permission to conduct the research study in your reputed hospital.

Kindly do the needful and oblige.

Thanking you,

Yours fa. hfully,

MS.V.Sagayadevi.

Permitted for research study.

PLACE: Thanjavur

DATE:

FREEDOM DE ADDICTION CUM REHABILITATION CENTRE
No. 19, Nirmala Nagar,
Vallam One Road,
THANJAVUR-613 007.
☎ 04362 - 277977

PRINCIPAL
Our Lady of Health College of Nursing,
Arulanandha Nagar 3rd Cross,
THANJAVUR-613 007

Forward by Principal

REQUISITION FOR VALIDITY

FROM

Ms. SAGAYADEVI, M.Sc(N) II year,

Our Lady of Health College of Nursing,

Thanjavur.

TO

Dr.

RESPECTED SIR,

Subject: Requisition for content validity regarding the coping strategies on stress and coping among the caregivers of alcohol dependents.

I am M.Sc. Nursing student of Our Lady of Health College of Nursing. Thanjavur. As part of my course, I am doing a study on the topic mentioned below.

Topic: a study to assess the effectiveness of coping strategies on stress and coping among the caregivers of alcohol dependents at selected de-addiction Centres, Thanjavur Dt.

May I request you to go through and validate the content regarding the coping strategies on Stress and Coping, Please enlighten me with your valuable suggestions for modifying the Content.

Thanking you in anticipation,

Place: Yours Sincerely,

Date: Ms. SAGAYADEVI.

LIST OF EXPERTS

1. Dr. Iqbal Shreef, M.B.B.S, D.P.M.,
   ABHAYAM De-Addiction centre**,**
   Opp.to Vinothagan Hospital,
   Thanjavur.
2. Dr. S. Ubahara Sahaya Raj,Ph.D (psychiatry social worker),
   COHORT MANAGER,
   Centre for Addiction medicine,
   NIMHANS,
   Banglore.29

NURSING EXPERTS

1. Mrs. P. Devi, M.Sc(N).,
   Reader,
   Sacred Heart college of Nursing,
   Kumbakonam,
   Thanjavur.
2. Mr. R. Francis Moses M.Sc(N).
   Associate Professor cum Principal,
   St, Xavier College of Nursing,
   Kumbakonam,
   Thanjavur.
3. Mr. P. Rama Reddy, M.Sc(N).,
   Senior Nursing Tutor,
   NIMHANS Hospital,
   Bangalore.

CERTIFICATE FOR CONTENT VALIDITY.

I hereby certified that I have validated the tool of Mrs. SAGAYA DEVI.V. II year M Sc nursing student of Mental Health Nursing, Our Lady College Of Nursing, Thanjavur, who is undertaking the dissertation work on the following topic.

" A STUDY TO ASSESS THE EFFECTIVENESS OF COPING STRATEGIES ON STRESS AND COPING AMONG THE CAREGIVERS OF ALCOHOL DEPENDENTS AT SELECTED DE-ADDICTION CENTRES, THANJAVUR. "

Place: Thanjavur

Date: 17/3/2015

Signature of the expert

Name and designation Dr. K. SIVAKKUMAR

College address ABHAYAM
De-addiction
Centre.
Thanjavur

CERTIFICATE FOR CONTENT VALIDITY.

I hereby certified that I have validated the tool of Mrs. **SAGAYA DEVI, V.** II year **M.Sc** nursing student of Mental Heath Nursing, Our Lady College Of Nursing, Thanjavur, who is undertaking the dissertation work on the following topic.

" A STUDY TO ASSESS THE EFFECTIVENESS OF COPING STRATEGIES ON STRESS AND COPING AMONG THE CAREGIVERS OF ALCOHOL DEPENDENTS AT SELECTED DE- ADDICTION CENTRES, THANJAVUR."

S. Ubahara Sahayaraj

Place: Bangalore – 29

Signature of the expert

Dr. S. UBAHARA SAHAYARAJ

Date:

Name and designation

COHORT MANAGER

College address

CENTRE FOR ADDICTION MEDICINE
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Place: Kumbakonam

Date: 09.04.15.

P. Devi 9/4/15 (P.DEVI).

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Place: Bangalore

Date: 5/12/14

Signature of the expert

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P. RADHA REDDY
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CERTIFICATE OF ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation work "A study to assess the effectiveness of Coping strategies on stress and coping among the caregivers of alcohol dependents at selected De-Addiction centers, Thanjavur" done by MS.SAGAYADEVI.V Our Lady of Health College of Nursing, Thanjavur has been edited by me and the use of English in this dissertation is found to be appropriate.

Place:

Date:

S. Natchathiram

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Signature

CERTIFICATE OF TAMIL EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation work "A study to assess the effectiveness of Coping strategies on stress and coping among the caregivers of alcohol dependents at selected De-Addiction centers, Thanjavur" done by MS.SAGAYADEVI.V Our Lady of Health College of Nursing, Thanjavur has been edited by me and the use of Tamil in this dissertation is found to be appropriate.

Place:

Date:

Signature

கு. நடனம், B.Lit., B.Ed.,
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புதுக்கோட்டை - 622 301.

PART I

DEMOGRAPHIC VARIABLES

PART-A (DETAILS OF THE ALCOHOL DEPENDENTS)

1. Age of the client (in years).

   1. 20-30 2. 32-40

   3. 41-50 4. 51 and above

2. Duration of alcohol dependence.(in years)
   1. Less than 5 2. 6-10
   3. 11-15 4. More than 15
3. Number of Relapse after treatment.
   1. 1 2. 2

   3. 3 4. more than 3 times

PART-B (DETAILS OF THE CAREGIVER OF ALCOHOL DEPENDENTS)

Sample No: ……..

4. Age of the caregiver. (in years)
   1.20-30 2. 31-40
   3. 41-50 4. 51 and above
5. Gender of the caregiver.
   1. Male 2. Female

6. Relationship with the client.

   1. Spouse 2. Sibling

   3. Offspring 4. Parents

7. Educational qualification.

1. Illiterate 2. Primary

3. Secondary 4. Higher Secondary

5. Diploma 6. Degree.

8. Income/month.
1. < Rs 5000 2. 5001-10,000 Rs

3. 10,001-20,000 Rs 4. Rs >20,001

9. Type of family.
1. Nuclear 2. Joint 3. . Extended.

10. Duration of stay with the client.
1. 1-5 year 2. 6-10 years

3. 11-15years 4. > 15 years.

PART II

SEMI STRUCTURED RATING SCALE TO ASSESS THE STRESS

ITEMS	NEVER	SOME TIMES	OFTEN	VERY OFTEN	ALWAYS
1. I feel nervous and stressed.					

2. I am not confident that I can be able to manage my problems. 3. I am not able to control irritations in my life. 4. I am not able to control my anger because of the things that are outside of my control. 5. I feel ashamed of this bad habit. 6. I feel that family burden is on my shoulder. 7. I am frustrated that I am not able to maintain good relationship with my family members. 8. I shout at my family members without any proper reason. 9. I feel that my life is less enjoyable. 10. I feel that my social life and reputations are damaged. 11. I lost interest in activities and hobbies. 12. I neglect myself physically. 13. I am less able to do my job. 14. I find difficulties in falling asleep. 15. I have spent more money for his medical and legal issues. 16. I feel that I am on top of things. 17. I feel that difficulties are heaped up which I cannot overcome. 18. I am not able to concentrate on my personal work. 19. I am not able to maintain good relationship with my friends and neighbors. 20. I feel that things are not going my way. 21. I feel financial demand to meet the					

family needs.					

PART III

SEMI STRUCTURED RATING SCALE TO ASSESS THE COPING

ITEMS	NEVER	SOME TIMES	OFTEN	VERY OFTEN	ALWAYS
1. I work with him in a positive manner. 2. I am sharing with another caregiver of alcohol dependents to ventilate my feelings. 3. I prayed God to get well of my relative. 4. I get involved in a social support group. 5. I practice relaxation techniques (yoga and walking). 6. I adapt healthy eating habits.					

7. I feel too hope to do anything for him. 8. I encourage him to take an oath or promise not to drink. 9. I made clear for him about his contribution to family. 10. I stuck up for him or stood for him when others were criticizing him. 11. I am clear that I don't accept his reasons for drinking. 12. I accept this situation as a part of life that could be changed. 13. I help him to sort out the financial issues. 14. My social life has not suffered because of his behavior. 15. I talked frankly about what could be done for his drinking. 16. I tried to limit his drinking by making some rules about it. 17. I watch his every move or check up on him. 18. I don't accuse him that not loving me or letting me down. 19. I don't make threats that I did not really mean to carry out. 20. I got more involved in spiritual activities. 21. I involve him in family functions and other celebrations.					

LESSON PLAN ON

COPING STRATEGIES FOR

CAREGIVERS OF ALCOHOL DEPENDENTS

LESSON PLAN ON COPING STRATEGIES FOR CAREGIVERS OF ALCOHOL DEPENDENTS:

NAME OF THE SUBJECT: MENTAL HEALTH NURSING.

NAME OF THE TOPIC **:** COPING STRATEGIES.

VENUE **:** DE-ADDICTION CENTRE, THANJAVUR.

DURATION **: 30** Minutes

GROUP **:** CAREGIVERS OF ALCOHOL DEPENDENTS.

METHOD OF TEACHING: DISCUSSION CUM LECTURE.

AUDIO VISUAL AIDS **:** LCD AND PALM LETS.

NAME OF THE RESEARCHER: V. SAGAYADEVI.M.SC (NURSING) II YEAR.

OUR LADY OF HEALTH COLLEGE OF NURSING.

THANJAVUR.

GENERAL OBJECTIVES:

The caregivers of alcohol dependents will acquire knowledge and develop skills in handling the clients with less stress and to have a positive attitude and also improve the coping skills to take care of self and alcohol dependents.

SPECIFIC OBJECTIVES:

The caregivers of alcohol dependents will be able to,

Define alcoholism and list the properties of alcohol

brief the epidemiology

discuss the signs and symptoms

list the complications

enumerate the diagnostic investigations and treatment

define stress and ways to reduce stress

describe the coping skills

magnify the successful coping strategies

improve the caregivers strength

Time	Specific Objectives	CONTENT	A.V AIDS	Researcher & learners activity	Evaluation
5mts	Care givers are able to know about alcoholism	**Good morning to all** Alcohol is hard to avoid now a days. It has become a part of modern life. Alcohol can be very destructive for a lot of people most especially people who suffer and family suffers. Alcohol drinking is abnormal when it interferes with normal activities and causes physical damage which leads to social disapproval. Life is filled with variety of experiences and depending upon life's Circumstances. Being a relative of alcohol dependents should know about alcohol and its effects, because most of the family members only face lot of problems and their burden is a multi dimensional construct, addressing tension, stress, changes in dynamic relationship, and time infringements (objective burden). To overcome such type of stress people may select healthy or unhealthy way of coping strategies. Caregivers report high level of stress and poor physical and emotional health as well as career sacrifices, monetary losses and work place discrimination. Even though many caregivers support organizations are mushrooming, still family		Discussion	What do you know about alcoholism?

		strength systems seem to be most effective, in aiding caregivers to cope with the care giving stress productively.	LCD		What are the properties of alcohol ?
10 mts	List the properties of alcohol.	**PROPERTIES OF ALCOHOL** Alcohol is a clear colored liquid with a strong burning taste. The rate of absorption of alcohol into the bloodstream is more rapid than its elimination. Absorption of alcohol into the bloodstream is slower when food is present in the stomach. A small amount is excreted through urine and a small amount is exhaled. A concentration of 80-100mg of alcohol per 100ml of blood is considered intoxication. A person with 200-250mg will be toxic, sleepy, confused and his process will be altered. If blood level is 300mg/100ml of blood the person may lose consciousness. A concentration of 500mg /100ml is fatal.		Lecture cum discussion	
5mts	Brief the epidemiology factors.	**EPIDEMIOLOGY** The incidence of alcohol dependence is 2%in India. While 20-40% of subjects aged above 15 years are current users of alcohol and nearly 10% of them are regular or excessive users. Nearly 15-30% of patients are developing alcohol-related problems and seeking admission in psychiatric hospitals**.**		Discussion and lecture	What are the epidemiological factors ?
		SIGNS AND SYMPTOMS OF ALCOHOL DEPENDENCE Minor complaints: malaise, dyspepsia mood swings or depression, increased incidence of infection. Poor personal hygiene, untreated injuries, (cigarette burns,			

10mts 5mts	Describe the signs and symptoms	fractures, brusies that cannot be fully explained). Unusually high tolerance foe Sedatives and Opioids, nutritional deficiencies (vitamins and minerals) secretive behavior(may attempt to hide disorder or alcohol supply) Denial of problem, tendency to blame others and rationalize problems (possibly displacing anger, guilt or inadequacy onto others to avoid confronting illness.) Psychiatric disorders due to alcohol dependence: • Acute intoxication • Withdrawal state • Alcohol-induced amnestic disorder • Alcohol-induced psychiatric disorders **Acute intoxication** It develops during or shortly after alcohol ingestion. It is characterized by maladaptive behavior or psychological changes. (mood swings, slurred speech, unsteady gait, impaired attention and memory) Withdrawal syndrome: It develops in persons who have been drinking heavily over a prolonged period of time, any rapid decrease in the amount of alcohol, in the body is likely to produce withdrawal symptoms like simple withdrawal syndrome (mild tremors, nausea, vomiting, weakness, irritability, insomnia and anxiety)and	LCD	Discussion	What are the signs and symptoms of alcohol dependents?

	Discuss the psychiatric disorders related to alcohol dependents List the complications.	delirium tremens (disorder of mental activity, poor attention span, insomnia, impaired liver function) **Alcohol-induced amnestic disorder** a. Wernick's syndrome: prominent cerebellar ataxia,palsy of the 6th cranial nerve, peripheral neuropathy and mental confusion. b. Korsakoff's syndrome: gross memory disturbances such as disorientation, confusion, confabulation, poor attention span and impairment of insight. Alcohol-induced psychiatric disorders: a. Alcohol-induced dementia (decreased memory and intellectual function) b. Alcohol-induced mood disorder (depression or anxiety) c. Suicidal behavior. d. Alcohol-induced anxiety disorder e. Impaired psychosexual function. f. Pathological jealousy. g. Alcoholic seizures h. Alcoholic hallucinations. **Complications of alcohol abuse** Alcohol damages body tissues by irritating them directly, through changes that occur during its metabolism, by interacting with other drugs, by aggravating existing diseases, or through accidents brought on by intoxication. • Cardio pulmonary system. • Hepatic complications. • Neurological complications.		Discussion	What are the psychiatric disorders associated with alcohol dependents? What

2mts 5mts	Enumerate the diagnosis. Discuss the treatment	• Psychiatric complications. **Diagnostic investigations** • Blood alcohol level (200mg/ml) • Urine toxicology • Serum electrolyte analysis • Liver function test • Hematology study to reveal anemia • Echocardiography • Based on ICD-10 criteria. **Treatment** Symptomatic treatment may include respiratory support, fluid replacement, correction of hypothermia or acidosis and emergency measures for trauma, infection or gastro intestinal bleeding. Treatment for withdrawal symptoms: 1.Detoxification: benzodiazepines (chlordiazepoxide 80-200 mg/day) (diazepam 40-80 mg/day in divided doses.) 2.Others: thiamine 100mg should be administered parenterally, twice a day for 3-5 days. 3. Administration of anti convulsion drugs is necessary. 4. maintain fluid and electrolyte balance. 5. monitor vitals, consciousness and orientation.	LCD LCD	Lecture Discussion	are the Main complications? How can identify alcohol dependents?

10mts	modalities for alcohol dependents. List the psychological management	6. alcohol deterrent therapy: Deterrent agents are those which are given to desensitize and maintain abstinence. (tab. Disulfiram) **Psychological treatment** • Motivational interviewing. • Group therapy. • Aversive conditioning. • Cognitive therapy. • Relapse prevention technique. • Cue exposure technique. • Behavior counseling. • Assertiveness training. • Supportive psychotherapy. • Individual psychotherapy. **Agencies concerned with alcohol-related problems** -Alcoholics anonymous(AA) -This is a self help organization founded in the U.S.A. - the only requirement for membership is a desire to stop alcohol. Al-Anon: to support the spouses of alcoholics. Al-Ateen: provides supports to their teenage children. **stress** Stress is part of our daily lives, which comes in all forms, affect people of		Lecture Discussion	How can treat Alcohol dependents? What are the psychological manag

7mts 2mts	Define stress Describe the signs of	all ages and all walks of life. Many people associate emotional causes of stress with psychological stress. Stress is the physical and emotional response to changes one experiences, resulting in positive or negative feelings. 'Stress is an umbrella term referring to the reactions people have to excessive pressures or other types of demands placed up on them. Caregivers are people who take care of other adults. Often parents, spouses or children. The response to stress is determined by one individual's make-up, ability to cope, and life experiences. Family caregivers of alcohol dependents are critical partners in the plan of care of patients. Stress is the imbalance between perceived demand from the environment and the individual's perceived resources to meet those demands. (Tomel et al 2006) **Signs of stress** • Mood swings • Skin problems • Muscle tension • Changes in sleep pattern • Low self esteem • Anxiety • Tiredness • Poor concentration • Changes in eating pattern • Poor memory **Tips to reduce stress of caregivers of alcohol dependents**	LCD And pamphlets	Discussion	ement? What is stress? How

15mts	stress Magnify the ways to reduce stress.	• Learning to recognize how it affects the caregivers. • Understanding where it is coming from. • Understanding our options so that we choose the best one for our situation. **Ways to reduce the stress** • Stress is a reaction to changes that needs emotional capacity and to adjust or respond. • Human body is designed to feel stress and react it. • Deep breathing exercises. • Practice for yoga. • Plan for regular walking. • Attend family therapy. • Plan for self care. • Seek regular respite care. • Talk the internal feelings. • Take time for play and recreational activities. • Get frequent counseling. • Get support from family members. **Deep breathing exercises** Exhale: first blow out through the mouth in a slow and controlled way and empty air from the lungs. Inhale: then, fill the lungs by pulling air in through the nose in slow and controlled way. Exhale: keeping the breath slow and controlled, blow out through the mouth and	LCD	Discussion cum lecture	can Identify stress? What are the signs of stress?

2mts	\ Enumerate the deep breathing exercises ▪	empty the lungs. It should be repeated for 10 minutes. • Talking to someone who is really concern about. • Reasonable when setting targets and goals. • Manage the time. • Challenge the negative thoughts. • Healthy eating: well balanced diet. • Avoid caffeine, alcohol and smoking. • Plan for regular exercises.  Source: healthpsych.psy.vanderbilt.edu **MEDITATION** Traditional meditation typically involves sitting, relaxed but attentive with your eyes closed, in a quiet place conducive to peacefulness. **MINDFULNESS** is the practice of awareness in itself. This means it can be performed anywhere at any time. Step 1: Choose a "down" time: on the subway, in the shower, making	Pamphlets	Discussion	

15mts	Improve the coping skills	breakfast. ▪ Step 2: Shift your focus to your breathing and pick a single aspect to focus on: the rising and falling of your chest or the sensation in your nose. ▪ Step 3: Spend at least five minutes in this state of awareness; when your mind wanders, gently direct it back to your breath. ▪ ▪ **JACOBSON'S MUSCLE RELAXATION EXERCISES**  1. Sit on a chair or on floor. 2. Stretch up your face then relax it 3. Tense your arms then relax them.	Hand outs	Demonstration	

10mts		4. Tense up your shoulders and chest then relax it. 5. Stretch up your legs then relax it. 6. Breathe in relaxation. 7. Breathe out tension. 8. Repeat for 4 times. If you want to lie down and do the relaxation exercises feel stretch or tense up your feet and legs first, then relax it. Then stretch your thighs and relax it. Tense up your abdomen and back then relax it. Stretch up your shoulders and hands and relax it. Finally feel tension in the face, after few seconds relax it. **Successful coping strategies** Being a relative of alcohol dependents should develop positive coping skills like…. ➢ Try to work in a positive manner. ➢ Talk to another caregivers to share the feelings. ➢ Pray well for the alcohol dependents. ➢ Get involved in social support group. ➢ Practice regular exercises. ➢ Adapt healthy eating pattern. ➢ Get family members help. ➢ Listen music. ➢ Play with a pet. ➢ Laughing exercises. ➢ Writing, painting or doing creative activities. ➢ Discuss with the client about the situation.			

15mts		➢ Make and follow plan and action. ➢ Seeking counseling. ➢ Feel more confident to deal the family situation. ➢ Have control over the situation. ➢ Maintain good relationship with friends and neighbors. ➢ Don't feel for others criticism. ➢ Talk frankly to the alcohol dependents about his behavior of drinking. ➢ Always hope for the best. ➢ Get involved in spiritual activities. ➢ Avoid threatening. ➢ Don't let him down. ➢ Take time for relaxation and refreshment. ➢ Get help from friends, relatives and neighbors. ➢ Talk to someone who could do something concrete about the situation. ➢ Get professional help. ➢ Take part in alcohol dependent's treatment program. ➢ Look positive side of the alcohol dependents. ➢ Get supportive environment. ➢ Refuse to get too serious about the alcohol dependents. ➢ Schedule time for enjoyment. ➢ Maintain good sleep. ➢ Take a short vocation with the family. ➢ Stay cool and relaxed. ➢ Focus on stress of problem to be solved. ➢ Be self rewarding for the efforts. ➢ Practice relaxation techniques regularly.(deep breathing, meditation, yoga and massage.) ➢ Can get online help www.aliveinthe moment.com. ➢ The internet is a good way to help and support.		Discussion	What are the successful Coping skills?

2mts		**Summary** So far, we have discussed about alcoholism, epidemiology, signs and symptoms, diagnostic investigations, treatments, ways to reduce the stress and healthy coping skills to deal with alcohol dependents. **Conclusion** Through this session, the caregivers of alcohol dependents developed their positive coping skills by that stress was reduced. They worked with positive attitude to improve their relative's condition.			

பகுதி 1

பொதுவான விவரங்கள்

பகுதி: 1 மது அருந்தியவர்கள் (சார்ந்தவர்கள்) தொடர்பான விவரங்கள்

1. வயது வரம்பு.
   1. 20-30 வயதினர் 2. 31 – 40 வயதினர்
   3. 41 – 50 வயதினர் 4. 51 < வயதினர்

2. மது மொத்த கால அளவு.

   1. <5 ஆண்டுகள் 2. 6-10 ஆண்டுகள்
   3. 11-15 ஆண்டுகள் 4. >15 ஆண்டுகள்

3. சிகிச்சைக்கு பிறகு, பழைய நிலைக்கு திரும்பிய எண்ணிக்கை..

   1. 1 முறை 2. 2 முறை
   3. 3 முறை 4. 3 முறைக்கு கூடுதல்.

பகுதி : 2 பராமரிப்பாளர் (உறவினர்) விவரங்கள்

வரிசை எண்: .....

4. வயது வரம்பு.

   1. 20-30 வயதினர் 2. 31 – 40 வயதினர்
   3. 41 – 50 வயதினர் 4. 51 < வயதினர்

5. பராமரிப்பாளர் (உறவினர்) பாலினம்

1. ஆண் 2. பெண்

6. உறவு முறை.

1. மனைவி 2. உடன்பிறப்புகள்

3. பிள்ளைகள் 4.பெற்றோர்.

7. .கல்வி தகுதி.

1. படிக்கவில்லை 2. தொடக்ககல்வி
3. இடை நிலை
4. மேல் நிலைப்பள்ளி 5. பட்டயபடிப்பு
4. பட்டபடிப்பு

8. மாத வருமானம்

1. ரூபாய் 5000 க்கும் குறைவாக 2. ரூபாய் 5001-10.000 3. ரூபாய் 10,001-20,000 4. ரூபாய் 20,001 மற்றும் கூடுதல்.

9. இருப்பிடம்

1. நகரம் 2.கிராமம்
3.பாதி நகரம்

10. மது பழக்கம் உள்ளவவருடன் தங்கியிருந்த காலம் .

1. 0- 5 வருடம் 2. 6 – 10 வருடம்
2. 3. 11-15 வருடம் 4. >15 வருடம்

பகுதி **2**

மன அழுத்தம் பற்றிய உறவினர்களின் எண்ணங்களை அறிந்து மதிப்பீடு செய்ய-கீழ்கண்ட விவரங்களை கவனமாக கேட்டு அல்லது படித்து பதில் அளிக்கவும்.

நிலைகள்	ஒரு போதுமில்லை	எப்பொழுதாவது	அடிக்கடி	மிகவும் அடிக்கடி	எப்போதும்
1. நான் பதற்றமாக மற்றும் மன அழுத்தமாக உணர்கிறேன் 2. என்னுடைய பிரச்சினைகளை நான் நிர்வகிக்க முடியும் என்று நம்பிக்கை இல்லை. 3. இதனால் ஏற்படும் எரிச்சல்லை என்னால் கட்டுப்படுத்த முடியவில்லை. 4. என்னால் கோபத்தை கட்டுப்படுத்த முடியவில்லை 5. இவர் குடி பழக்கத்தை நினைத்து நான் மிகவும் வெட்கமடைகிறேன் 6. எல்லா சுமைகளும் என் மீது விழுந்துவிட்டது 7. என்னால் குடும்ப உறுப்பினர்களுடன் நல்ல சுமுகமான உறவை பராமரிக்க முடியவில்லை. 8. எந்த காரணமும் இல்லாமல் நான் என் குடும்பத்தில் கோபப்படுகிறேன் 9. நான் என் வாழ்கையை விரக்தியாக உணர்கிறேன் 10. என் சமூக வாழ்க்கை மற்றும் நற்பெயரும் சேதமடைந்துள்ளது. 11. என் நடவடிக்கைகள் மற்றும் பொழுதுபோக்குகளிலும் ஆர்வம் இழந்துவிட்டேன். 12. என் உடல்நலத்தை நானே புறக்கணிக்கிறேன். 13. எனக்கு தூக்கம் சரியாக வரவில்லை. 14. நான் என் தேவைகளை முழுமையாக செய்துகொள்ள முடியவில்லை					

15. நான் அவரது மருத்துவ மற்றும் சட்ட சிக்கல்களுக்கு அதிக பணம் செலவழிக்க நேரிடுகிறது . 16. நான் தனியாக என் குடும்பத்துக்கு அனைத்து வேலைகளையும் செய்கிறேன். 17. நான் எல்லா கஷ்டங்களையும் கடக்க முடியாது என்று நினைக்கிறேன். 18. என் சொந்த வேலையில் கவனம் செலுத்த முடியவில்லை. 19. நான் என் நண்பர்கள் மற்றும் அருகில் உள்ளவர்களுடன் நல்ல உறவை பராமரிக்க முடியவில்லை. 20. நான் எதிர் பார்த்தது போல குடும்பத்தின் எதிர் காலம் அமையவில்லை. 21. என் குடும்பத்தின் தேவைகளை நிர்வகிக்க பொருளாதார பிரச்சினைகளை சந்திக்கிறேன்.					

பகுதி 3

சமாளிக்கும் உத்திகள் பற்றிய உறவினர்களின் எண்ணங்களை அறிதல்- கீழ்கண்ட விவரங்களை கவனமாக கேட்டு அல்லது படித்து பதில் அளிக்கவும்.

விவரங்கள்	ஒரு போது மில்லை	எப்பொ ழுதா வது	அடிக் கடி	மிகவு வும் அடிக்	போதும் எப்போ ம்

	லை			க்கடி	
1. நான் சாதகமான முறையில் அவருடன் செயல்படுகிறேன். 2. இவரைப்போல பாதிக்கப்பட்டவரின் மற்ற உறவினர்களுடன் எனது உணர்வுகளை பகிர்ந்து கொள்ளகிறேன். 3. நான் எனது உறவினர் நன்கு குணமடைய இறைவனை வேண்டுகிறேன். 4. நான் எனது உறவினர் நன்கு குணமடைய இறைவனை வேண்டுகிறேன். 5. நான் யோகா மற்றும் நடைபயிற்சி போன்ற தளர்வு நுட்ப பயிற்சிகளை மேற்கொள்கிறேன். 6. நான் ஆரோக்கியமான உணவுகளை தினமும் உட்கொள்கிறேன். 7. நான் எனது உறவினரை மது அருந்தாமல் இருக்க சத்தியம் அல்லது உறுதிமொழி எடுக்க வைத்தேன். 8. நான் எதையும் செய்ய மிகவும் நம்பிக்கையுடன் இருக்கிறேன் 9. நான் குடும்பத்தில் தனது பங்களிப்பு பற்றி அவருக்கு தெளிவுபடுத்தியுள்ளேன். 10. குடிப்பதற்கான காரணங்களை ஏற்க வேண்டாம் என்று நான் தெளிவாக இருக்கிறேன். 11. மற்றவர்கள் அவரை விமர்சித்து பேசும்போது நான் அவருக்கு சாதகமாக பேசுவேன். 12. வாழ்க்கையில் ஒரு பகுதியாக உள்ள இந்த நிலைமை மாற்றப்பட வேண்டும் என்று நம்புகிறேன். 13. நான் அவரது பொருளாதார தேவைகளை சந்திக்க உதவுகிறேன். 14. என் சமூக வாழ்க்கை அவரது நடத்தையால் பாதிக்கப்படவில்லை. 15. குடிப் பழக்கத்தை நிறுத்துவதற்கு என்ன செய்யலாம் என்று வெளிப்படையாக பேசுவேன்.					

16. சில கட்டுப்பாடுகள் விதித்து அவரது குடிப்பழக்கத்தை குறைக்க முயற்சி செய்கிறேன். 17. அவரின் ஒவ்வொரு அசைவையும் மற்றும் நடவடிக்கைகளையும் கவனித்து வருகிறேன். 18. என்னை நேசிக்கவில்லை மற்றும் விட்டுகொடுத்துவிட்டதாக அவரை குற்றம் சாட்ட மாட்டேன். 19. குடிப்பழக்கத்தை நிறுத்துவதற்காக அவரை அச்சுறுத்த மாட்டேன். 20. நான் சமய மற்றும் ஆன்மீக காரியங்களில் என்னை ஈடுபடுத்திக்கொண்டேன். 21. குடும்ப நிகழ்ச்சிகள் மற்றும் தேவைகளில் அவரை ஈடுபட வைக்கிறேன்.					

Adapt a healthy life style. It helps to

DEEP BREATHING EXERCISES:

Breathing exercises are a simple and effective way to deal with stress. Breathing techniques for stress relief involve diaphragmatic breathing that counters the effects of stress.

1. Stand or sit in comfortable position with a straight back
2. Slowly breathe in through your nose and count to 5. As you do this feel your belly expand while your chest remains relatively still
3. Slowly breathe out through your mouth counting slowly to 8. While breathing out feel your stomach muscles contract while your chest remains relatively still
4. Repeat this four more times.

Stress is part our daily lives which

***MEDITATION*:** Traditional meditation typically involves sitting, relaxed but attentive with your eyes closed, in a quiet place conducive to peacefulness.

MINDFULNESS: Mindfulness is the practice of awareness in itself. This means it can be performed anywhere at any time.

MINDFUL BREATHING

- Step 1: Choose a "down" time: on the subway, in the shower, making breakfast.
- Step 2: Shift your focus to your breathing and pick a single aspect to focus on: the rising and falling of your chest or the sensation in your nose.
- Step 3: Spend at least five minutes in this state of awareness; when your mind wanders, gently direct it back to your breath.

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தியானம்:

பாரம்பரியமான தியானம் பொதுவாக அமர்ந்து செய்யப்படுகிறது. தளர்வாக ஆனால் கவனத்துடன் உங்கள் கண்களை மூடி அமைதியான நிலையில் இருக்கவும்.

மெதுவாக ஆழமான மூச்சு எடுத்து, பின் 20 நிமிடங்களுக்கு பிறகு கண்களை திறந்து பார்க்கவும்.

நெறிகள் விழிப்புணர்வு: இப்போது நடைமுறையில் உள்ளது. இது எந்த நேரத்திலும் எந்த இடத்திலும் நிகழ்த்த கூடிய பயிற்சியாகும்.

மெதுவாக ஆழமான மூச்சு எடுத்து, பின் விடவும்.

சுவாசம் உள் இழுத்து, வெளியே விடும்போது உங்கள் நாசிகளை கவனிக்கவும்.

சுவாசம் விடும்போது உங்கள் கவலைகளும் போவதாக உணருங்கள்.

இதை போன்று இன்னும் 4 முறை திரும்ப செய்யவும்.